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ART. I.—OBSERVATIONS ON SUN-STROKE, IN A LETTER TO THE EDITOR.

BY B. M. WIBLE, M. D., OF LOUISVILLE, KY.

THE following observations and reflections upon *sun-stroke*, I had intended to present to the Medical Club, but as I was absent from the city at the time when that subject was discussed before it, I will now ask for them a place, Mr. Editor, in the columns of your Journal:

The majority of the cases of sun-stroke which have come under my observation, occurred during the exceedingly warm weather of the summer of 1855. The following are the phenomena which were particularly observed: 1. Great heat of the surface persisting in fatal cases for some time after death. In one to which I was called, and where I found the patient dead, the skin seemed to be as warm as we find it in the hot stage of an intermittent. 2. Loss of muscular power—the patient sliding down in bed, and the arms and legs lying powerless and flabby. 3. After the muscular power becomes somewhat restored, in some cases, a kind of spasm or convulsion came on, attended with a sort of phrenzy.

These are the prominent features of the disease which arrested my attention. I have no doubt that where careful observation

will have been made, that in all cases where the muscular power has been suddenly overcome, the pupils will be found dilated; in the convulsive stage, alternately dilated and contracted; and in the comatose stage following the convulsions, rigidly contracted.

The cause of the disease is, I think, *over-stimulation;* for I have known it to occur in those only who have been exposed to a high atmospheric temperature, after the free use of stimulating food and drinks. These conjoined stimulants exhaust the nervous excitability; the medulla oblongata, losing its excitability, no longer responds to the excitor impressions of respiration—the breathing of course ceases, and the patient dies. If death occurred as the direct effect of nervous exhaustion, I should not expect to find any post-mortem appearances indicative of the disease; but if it occurred after the convulsions and coma, I should expect cerebral congestion as the *effect* of the convulsions.

The treatment of the first stage of the disease, or that of nervous exhaustion, ought to be conducted as follows: The patient should be kept in a state of absolute repose, and the temperature of the body gradually reduced by a cool and airy room, and the gentle application of cold water to the surface. From theoretical, and from what actual observation has taught me, I would advise the administration of a tea spoonful of the tincture of opium as soon as it could be given. Absolute freedom from all disquieting agents is of the utmost importance, because every muscular effort, every excitation of the system, the action of every arterial stimulant, further exhausts the diminished nerve force. At any time that the breathing should cease, I would advise a resort to artificial respiration, and to make this effectual, it might be necessary to inflate the lungs through an artificial opening made into the trachea. The convulsive or comatose stage would be best treated by an emetic of ipecacuanha, and by cold applications to the head. Blood-letting in some cases might be necessary.

It is difficult to explain why exhaustion of the vis nervosæ should lead to convulsions, but the fact is well known. The nervous exhaustion which characterizes sun-stroke is like that produced by chloroform, and the restoration from it, when produced by either cause, is sometimes attended by convulsive phenomena.

Jefferson St., Dec., 1855.

Art. II.—PROCEEDINGS OF THE LOUISVILLE MEDICAL CLUB.

REPORTED BY JOHN BARTLETT, M. D., SECRETARY.

The Louisville Medical Club met at the house of Dr. Bullitt on the evening of the 6th of August, 1855.

President Ewing in the chair, and the following members present: Drs. Bullitt, Bemiss, Goldsmith, Gross, Rogers, Richardson, Wible, Knight, Thomson, and Bartlett.

Dr. Bemiss' paper on croup was read as follows:

Instead of attempting to write a formal essay upon this subject, I shall read to the society the notes of a case of croup which I treated some months ago, and then offer some remarks upon the symptoms and treatment of croup, taking the case referred to as the type in my analysis. If, then, I assume this case to have been one of true membranous croup, as I think it undoubtedly was, all those varieties of the disease in which there is not evidence of false membrane, will be excluded from direct observation. I will notice these forms of the disease after I have detailed the case and come to speak of the diagnosis and probable pathology of membranous croup.

I was called at noon on the 21st of September, 1854, to see a child of Prenett, a Frenchman, living on Eleventh street, in an upper room, airy and comfortable. The father was a healthy, robust man; the mother a slender, delicate woman. The child was two years and three months old, well developed, though somewhat emaciated from diarrhœa during the previous summer, but for some weeks before this attack his bowels had been entirely regular. For several days past he had had symptoms of ordinary catarrh, with occasional difficulty in respiration. At the time of my visit he had some febrile symptoms, his pulse was between 120 and 130, though his skin was soft and not of unusual temperature; his throat externally seemed somewhat tumefied, internally the tonsils were evidently slightly enlarged, his tongue was furred and tip red; upon the surface of the fauces a whitish

pellicular deposit was distinctly seen; he had the crowing respiration observable in membranous croup, and its dry, tight, embarrassed cough; his voice was sharp and whispering. For the sake of brevity I will give only such an abstract of the remaining notes as to show all the remedies employed and their manner of exhibition. On my first visit a sponge, tied to a piece of whalebone, was wet in a solution of nitrate of silver, 15 grains to the ounce, and applied to the fauces as freely as the struggles of the child would permit. This was repeated on the evening of the same day, and again the next morning, and then abandoned.

Calomel, combined with gum arabic, was given in grain doses every two hours till the bowels were well evacuated. After this, powders containing each a half grain of calomel, and a half grain of ipecac, and one grain of extract of hyoscyamus, were given at from four to six hours interval. Whenever active catharsis was threatened, the calomel was omitted and the hyoscyamus and ipecac continued alone.

As often as respiration became impeded from accumulation of tenacious mucus about the fauces, 5 grains of sulphate zinc were given, dissolved in a small quantity of water. This produced instant emesis, without any previous nausea or subsequent exhaustion. These emetics were repeated from one to four times in the twenty-four hours. On my first visit a warm poultice was ordered to the patient's throat, but it was found difficult to retain it during his restlessness, and when I saw him again a small napkin was folded, dipped in cold water and laid around the neck, a strip of oiled silk was placed over this, and a light silk handkerchief over them all. So soon as the napkin became dry, it was again wet in cold water and reapplied. This course, so far as relates to the water, was unremittingly pursued till the symptoms were decidedly mitigated. It was then abandoned and the throat occasionally rubbed with a liniment of turpentine, camphor, and olive oil. The parents were enjoined to suffer the boy to sleep whenever there was disposition to do so, and the symptoms were not urgent. They were instructed to nourish him well, and soft, boiled eggs, of which he was very fond, were freely allowed him. After the first few days, when the powers of life seemed disposed to flag, wine, whey, and weak toddy were given several times a day.

On the 27th of September, the sixth day of treatment, there was manifest relaxation in the severity of the symptoms—the respiration became less stridulous, and the cough more rattling. The patient expectorated several irregular fragments of concrete lymph, accompanied with muco purulent looking sputa. The hyoscyamus and calomel were now omitted, and two grains of Dover's powder, given during restlessness at night, also administered. From this period till the termination of the case a solution of carbonate of soda, with syrup of tolu, was also administered, from three to four times a day.

On the 2d of October, or eleventh day of treatment, the patient was discharged. At that time there was still copious expectoration; the voice was still but a feeble whisper, though the pulse was normal; the appetite was good, and disposition bright and playful. About two months afterwards his father brought him to my office. His health was then good, and his voice restored.

The symptoms diagnostic of membranous croup were, I think, strongly marked in this case. The respiration was laborious and stridulous; there was sinking of the soft parts of the thorax at each inspiration; the child's head was thrown back; his cough was sharp, barking, and ineffectual. It had that peculiar 'croupy' sound which we all so readily recognize, but are so little able to describe. His voice was a sharp whisper. One other notable symptom was the deposit upon the fauces. Dr. Ware found that in seventy-five cases of membranous croup where this was sought for, it failed to be present in only one. If this should correspond with the observations of the profession generally, it will be regarded as the most important point in the diagnosis of croup.

The only conditions of disease with which the above case could have been confounded, are those forms of croup in which the impediment to respiration arises from other causes than the deposit of false membrane in the trachea. These causes may be, first—Spasm of the glottis. Spasmodic croup may generally be recognized by the suddenness of its incursion. It may give rise to great alarm by the violence of its symptoms, but readily subsides when the irritating cause is removed. We may further distinguish it by the fact, that in membranous croup both expiration and inspiration are difficult; but in spasmodic croup the

inspiration is attended with great effort, while the expiration is comparatively easy. The cough of spasmodic croup is louder, more hoarse and rancous, and the general muscular movements of the child are often convulsive. Still, it is the testimony of most observers that more or less spasm is connected with every case of membranous croup. We cannot otherwise account for the sudden exacerbations in that form of disease except by referring them to spasmodic action of the glottis. But when the spasm of membranous croup subsides, although there is some mitigation in the violence of the symptoms, still the cough and respiration are identical in character though less intense than they were during the exacerbation. On the contrary, when the spasm of spasmodic croup subsides, the child is comparatively or entirely relieved. 2. Croupy symptoms may be produced by profuse secretion of mucus in the air-passages, constituting what is often termed catarrhal croup. In this form of disease the respiration is never so dry and ringing as in membranous croup; the cough is looser and more rattling; the mucous râle generally pervades one or both lungs. There is, moreover, not that urgency of symptoms, nor the "concentration, as it were, of the child's whole mind to the one act of inspiration," that we observe in membranous croup. 3. Inflammatory croup, or that form of disease in which inflammation and tumefaction of the mucous membrane so narrow the rima glottidis as to interfere with respiration. The diagnosis between this affection and membranous croup is less strongly marked. There may be very close resemblance between the sounds of the cough and respiration in the two diseases, and the only positive point of diagnosis would be the appearance of the deposit upon the fauces in the one case, and its absence in the other. 4. A species of diptheritic affection of the throat sometimes follows measles and scarlatina, which may simulate membranous croup. In truth, this form of disease is attended with lymphatic deposits, but generally in small patches, and often covering spots of ulceration of the mucous membrane. The history of the case would reveal the true character of the affection.

The pathology of membranous croup is not yet a matter of precision. Reliable pathological researches have tended to establish that the submucous tissue along the air-passages is the true source

of the plastic lymph, and that it passes by transudation through the mucous membrane and becomes concrete upon its outer surface. The natural product of this tissue under inflammation would be coagulable lymph, and Dr. Williams states that in examination of those who die "early in the disease, the submucous tissue between the rings of the trachea and in the lower parts of the larynx is much swelled." After the lymph has reached the mucous surface and becomes inspissated, "it is probably prevented from becoming organized, both by the motion of the trachea and by the mucous secretion with which it is intermixed." When the organization of the lymph is thus interrupted, there seems to be an effort of nature to effect its removal by a suppurative process.

Pathological observations of patients dying late in the disease, show the false membrane detached in irregular patches from the membrane of the trachea by the intervention of muco-purulent matter. Further observations tend to establish the fact that the fibrinous deposit invariably commences at the superior parts of the air-passages and extends downwards along the trachea, sometimes as far as the minute bronchial ramifications themselves.

A very large proportion of cases of membranous croup proves fatal. Out of 22 cases under charge of Dr. Ware, 19 died, and his high reputation as a physician warrants the conclusion that his practice was as judicious and the results as favorable as we ordinarily find in the treatment of this malady. This would show an avererage mortality of about 86 per ct. of all cases of membranous croup.

To analyze the treatment of the above case correctly, and give each remedy its appropriate credit of curative influence, is the most difficult part of my task. We are too apt to conclude at once, when a patient recovers after taking a remedy, that his recovery is because of the remedy. *Post hoc ergo propter hoc*, is an argument too inviting to be readily rejected by the physician. With my present views of croup I should adhere, under similar circumstances, to the prominent points of treatment developed in the case related.

I have not supposed that the nitrate of silver exercised any beneficial influence in the case—first, because the solution was too weak to be effectual; second, because the sponge was not passed sufficiently far to come in contact with the parts about the rima glotti-

dis, where its application was most required; third, because no mitigation of symptoms seemed, in a reasonable time, to follow its use. I am not, however, disposed to undervalue the remedy. I believe it a most important addition to our means of treating croup. The recent report of the New York Academy of Medicine shows that the introduction of the sponge probang through the rima glottidis, even in the hands of those experienced in its use, is not a matter of extreme facility. Still, its practicability is acknowledged, and in the early stages of croup, before the false membrane has extended far into the trachea, it brings the remedy in direct contact with the affected part. It is possible, too, that the strong solution might be beneficial without entering the glottis, by lessening the irritability of the fauces and larynx, and thus serving to control the tendency to spasm. Its astringent effects upon the engorged mucous membrane may also be beneficial, and may be propagated by continuity farther than its immediate superficies of contact.

To the effects of calomel and hyoscyamus, I attach great importance in the remedial conduct of the case. At the commencement of the treatment the calomel was given in grain doses every two hours, with a view to produce purgation. After this it was diminished to half-grain doses, and these not oftener than every fourth hour, and administered only with a view to its alterative and antiplastic properties. Copious purgatives were avoided throughout the whole progress of the disease. The effects of the hyoscyamus were sought for to avert spasm of the glottis, and produce general quietude. That it answered these purposes I am firmly persuaded. Its effects were endeavored to be perpetuated, and the intervals between the doses were fixed with a view to keeping the patient, continually, somewhat under its influence. Eighteen grains of extract of hyoscyamus were administered during the first six days of treatment, after which period it was no longer given. It may be well to observe at this point, that from the resistance of the child a portion of his medicines was generally lost. The sulphate of zinc was a valuable means of expelling the tenacious mucus from the fauces, and may have facilitated the detachment of the membrane in the latter stages of the disease. At all events, emesis by this agent was not attended by any prostrating effects, and I should again employ it in a similar case.

With regard to the application of the water, I can only say that its use was with me entirely empirical. I do not know that I can offer any satisfactory explanation of its rationale, though I am convinced that its use was beneficial to my patient. It may be that the cold of its first contact may have lowered the local inflammation by abstracting temperature—then as the napkin grew warmer, and vaporization of the water began, the oil silk prevented its escape, so that it became heated from the warmth of the body, and produced the soothing, sedative influence of a tepid steam bath. And again, some of the best writers upon the subject of croup consider the inhalation of aqueous vapor an important succedaneum in its treatment. Almost all the vapor escaping from the cloths used, as I have indicated, would be over the upper and front part of the bandage, so that a portion of it must continually enter the lungs of the patient. Upon these considerations alone I would strongly recommend the use of the wet bandage.

The administration of the carbonate of soda in the latter stages of the disease, was based upon a supposition long since abandoned, that it favors the solution and breaking down of the fibrinous deposit.

To express an opinion of the treatment in the above case, in the aggregate, I should decide that it owed its favorable results—if they were due at all to the treatment—more to its conservative character than to any individual remedy or feature. No depressing remedies were long urged upon the patient—the continued influence of nauseants was avoided, and to this circumstance I attribute the fact that he took food willingly during most of the time that he was under treatment.

If Dr. Ware's opinion be correct, that the deposit of lymph in croup begins with the earliest noticeable symptoms of the disease, and it be true that when once effused it can only be removed by a process of suppuration, the inference would clearly follow that "perturbating and exhausting remedies" are not only at best of doubtful efficacy, but that they may prove deleterious by wasting the powers of life that are necessary to the successful issue of the suppurative process.

I fully concur with Dr. Ware in this opinion, and also that the

rule of treatment in croup laid down in our authorities upon this subject, and which looks only to the lancet, purgatives, emetics, and nauseants, as curative agents, should be carefully reconsidered. It remains yet to be seen how much advantage Dr. Green's discoveries will afford us in the treatment of this disease. I think they merit the careful, honest attention of the whole profession.

I do not consider it necessary to occupy the time and attention of the Club by any remarks upon the treatment of other varieties of croup. Instances of mortality are uncommon in these forms of disease, and generally an emetic, a cathartic, or an anodyne, and the warm bath, constitute the only requisite treatment. It is probable that inflammatory croup would bear depletion with more safety if not benefit to the patient, than the membranous form

In the division of the disease adopted above, I have very nearly followed Dr. Ware, and have repeatedly drawn from his valuable essay upon croup. I had treated the case related in the previous pages upon the basis of a conclusion similar to his own before I had seen or been informed of his contributions upon this subject, and when I met with his paper his views of the disease seemed so logical and his language so perspicuous that it seemed to me very difficult to diverge widely from either and still adhere to truth.

In the treatment of this case I was assisted by three other physicians of the city, two of whom are members of this Association. It is due to them to express before the Club my thanks for the aid they courteously extended me.

Dr. Richardson doubted the possibility of a ringing cough when the vocal chords were covered with false membrane. It might be brassy.

Dr. Bemiss had seen 20 cases, of these only 2 recovered; and one of these got well, after several weeks of exhaustion, without treatment.

Dr. Wible, at Mt. Washington, in October, 1846, lost 7 cases in three weeks. They were all fatal under the antiphlogistic, calomel, and antimony treatment. One active and slender child threw up membrane two and half inches in length. He made no autopsies. The patients died in ten or eleven days from the commence-

ment of the attack. Previously to the year in which these cases occurred, he had practiced nine years in the same neighborhood without seeing a case. He recollected another case, occurring at the same time, in the hands of another practitioner. It was also fatal.

Dr. Goldsmith had had but few cases in his own practice. In one case, during emesis, the false membrane was ejected. He related an instance in the practice of Dr. Godman, in which that physician had the good fortune to save his patient from immediate strangulation by placing his mouth to that of the child and sucking the membrane, which occluded the windpipe, into his own mouth.

Dr. Richardson had seen 1 case in his own practice—3 others in that of other physicians. All fatal. The 3 cases all occurred in three weeks—2 cases in robust children. He has seen 1 case of death from spasmodic croup. The patient died at the end of the sixth day. He found the pneumogastric nerve passing through two inflamed bronchial glands, and these glands in the course of the nerve in the neck were also inflamed.

Dr. Rogers could call to mind 9 cases, and all terminated fatally but 2; 1 recovered under the conservative treatment; all the others were treated antiphlogistically. One of the cases followed scarlatina. The children were all feeble. In all he noticed the false membrane upon the fauces.

Dr. Gross has practiced pretty extensively among children in Louisville for fifteen years. Recollects but 3 cases occurring here. One was fatal. Another, a child of Dr. Miller's, ejected false membrane and recovered. The treatment was alum emetics. The caustic was used, and the child well sustained. He saw several cases in Pennsylvania. In one case he assisted in a post-mortem, and the membrane extended into the bronchii. In Cincinnati he performed tracheotomy. The child died.

Dr. Knight had seen a number of cases, and some scarlatina cases followed by it. He saw only 1 case in which the membrane was expelled.

Dr. Ewing said when he lost a case of croup he generally considered it membranous. He thinks the most common cause of spasmodic croup is improper diet. He had frequently relieved

these cases by freeing the stomach from irritating and indigestible substances.

Dr. Wible concurred with Dr. Ewing, and mentioned 2 cases corroborative of his opinion.

Dr. Bartlett had seen 2 cases; 1 followed scarlatina, and died without treatment. The other he saw seven days after the disease came on. The membrane was visible upon the fauces, and all the symptoms of true croup were present. Some membrane, he was told, had been expectorated. He gave alum emetics at the commencement, and afterwards sulphate of copper. He had swabbed out the larynx twice a day with a sponge saturated with a solution of nitrate of silver, at first 20 and afterwards 41 grains to the ounce. Patient recovered.

Drs. Richardson and Bemiss thought the English did not recognize well the difference between true and false croup.

Dr. Gross asked if the symptoms of croup might not be simulated by inflammation of the pharynx or œsophagus? False membranes form in this situation. He has a specimen of false membrane found upon these parts in a man of intemperate habits, who died with difficulty of respiration. This might have been the case in the patient of Dr. Godman.

Dr. Goldsmith was summoned to a negro child with symptoms of croup. The croupy cough and difficulty of breathing came on suddenly. Dr. G. stated his opinion that there was a foreign body in the air-passages, and advised an operation. The family refused. The child died, and upon examination a piece of bread was found in one of the bronchial tubes. It had been swallowed about half an hour previously.

On motion of Dr. Rogers, Dr. Bartlett was requested to read a paper on delirium tremens at the next meeting.

The amendment to the resolution proposed by Dr. Palmer, at the last meeting, was taken up and adopted.

On motion of Dr. Gross, it was resolved that none of the proceedings shall be published till they have been submitted to the Club at a regular meeting.

Dr. Wible's invitation to the Club to meet on the next evening at his office, was accepted, and the Club adjourned.

Art. III.—REPORT OF THE SEVENTH STREET DISPENSARY, LOUISVILLE, KY.

BY DAVID W. YANDELL, M. D., OF LOUISVILLE, KY.

A sufficient fund having been contributed by some charitably-disposed citizens of Louisville for the purpose of establishing a Dispensary, an institution of this character was opened on the 13th of September, 1855, under the style of the "Seventh Street Dispensary," and placed under charge of Prof. B. R. Palmer and myself.

Early in October Dr. Palmer found that other duties would oblige him to discontinue his visits to the Dispensary, and shortly afterwards he withdrew temporarily from the institution. Prof. Gross was appointed in his stead, and remained in regular attendance till Dr. Joseph B. Sims, of Trenton, Ky., expressed a willingness to occupy the situation, when the latter gentleman was selected as my assistant in the Dispensary. I feel it my duty to acknowledge in this public way my obligations to Dr. Sims for the valuable aid he has rendered me, both in prescribing for patients at the Dispensary, and in the still more laborious task of visiting many of them at their homes.

The apothecaries' department has been under the control of competent gentlemen selected from my private class.

The annexed tabular statement exhibits the number of persons, with the sex, nativity, disease, and result, who applied at the Dispensary during the two months ending November 13, 1855:

Whole number of patients treated	1,024
Males	543
Females	481
	1,024
Children	237
Adults	787
	1,024

Results of Treatment.

Discharged cured	931
Under treatment	83
Died	5
Sent to hospital	5
	1,024

Diseases of those who died.

Typhoid fever	2
Congestive chill	1
Chronic diarrhœa	1
Convulsions	1
	5

Nativity.

Ireland	800
Germany	141
America	71
England	21
Scotland	1
	1,024

The number affected by each disease, whether attended at the Dispensary or at home, is as follows:

Abscess	1	Headache	4
Abscess of jaw	1	Injury	1
Anemia	3	Intermittent fever	851
Amaurosis	1	Labor	5
Asthma	3	Marasmus	1
Amenorrhea	5	Myringitis	1
Bronchitis	2	Mammary disease	1
Blepharitis	1	Neuralgia	5
Boil	1	Necrosis of lower jaw	1
Cystitis	1	Onychia maligna	1
Convulsions	1	Opacity of cornea	1
Consumption	2	Prolapsus uteri	1
Cholera infantum	2	Pleurisy	2
Conjunctivitis	8	Profluvia	1
Colic	2	Rheumatism	2
Catarrh	4	Remittent fever	5
Constipation	2	Spanemia	8
Congestive chill	1	Scrofula	2
Diarrhœa	25	Salivation	1
Dysentery	12	Syphilis	2
Dropsy	3	Scarlet fever	1
Double vision	1	Splenalgia	1
Dysmenorrhea	1	Tooth-ache	4
Dyspepsia	1	Tumors	2
Dislocation of shoulder	1	Typhoid fever	2
Erysipelas	2	Tongue-tie	1
Ear, foreign body in	1	Urticaria	1
Fracture of forearm	2	Vertigo	1
Fracture of arm	1	Wound of hand	1
Gastritis	1	Wound of arm	1
Heart disease	1	Whooping cough	1
Hemorrhoids	4	Worms	1
Hernia	1		
Herpes	1		
			1,024

Treated at dispensary	909
Treated at their homes	115
	1,024

The number of prescriptions put up at the Dispensary is	1,677
The number of prescriptions put up elsewhere	230
	1,907

It will be seen that the number of cases of intermittent fever has been very large. This, I imagine, would prove equally true of similar tables kept in almost any city in the United States during the same period of time. It is, I believe, the general remark, that this fever has never been so universally prevalent on this continent as during the summer and autumn just ended.

The great majority of the Dispensary patients, who were suffering from intermittent fever, were adults, and many of them had been sick for weeks and often for months before they made appli-

cation for relief. Nearly all of them had either been prescribed for by physicians of the city, or had used on their own account antiperiodics of every imaginable character. Of the eight hundred and fifty-one cases treated none ended fatally, and at the date of the report eight hundred and nine had been discharged as cured. Of the forty-two who remained under treatment twenty-nine had been registered within seven days—the names of the remaining twelve had either been upon the books but a short time longer, or were excessively intractable cases. The treatment adopted, when the Dispensary was first opened, was with sulphate of quinine. This was soon found to be too costly, and it was decided to make trial of some substitute. The sulphate of quinidine was first used and the results were most satisfactory. The average quantity required to arrest the paroxysm of the disease was from fifteen to twenty grains, in mild tertian cases, and from twenty-five to thirty grains in those of longer standing or greater severity, and in quotidians. The chill was warded off, in many cases, by eight grains of this salt; and where the sufferers were well clad, well housed, and well fed, and not unduly exposed, fifteen grains were almost always sufficient to effect this end.

Creasote was also used in sixty-six cases of intermittent fever, but with very discouraging results. In only twelve of the number was a second chill prevented, and nine of these were children who had suffered but a very short time, and were in every respect comfortably circumstanced. The three remaining cases were adults. In many of those who used the creasote, the remedy was persisted in for ten days without exerting the least influence upon the paroxysm. A small proportion of cases was relieved at the end of five or six days. The usual dose administered to grown persons was from fifteen to thirty drops in the course of the day, given in mucilage.

The number of cases treated by the sulphate of cinchona has not been recorded, though I am sure it cannot be less than between two and three hundred. After reference to the register I incline to think that the latter figures would be nearly correct. And with this substance we have had every reason to be well pleased. It has proven in our hands an exceedingly efficient agent. Indeed, when given in sufficient quantities, it is equal to the relief of almost any ordinary attack of chills. There are

instances, of course, in which it fails, just as there are instances in which the mother salt itself fails, but these must be very rare if the medicine be administered in proper amount and the individual treated be at all favorably situated.

According to our experience, both in Dispensary and private practice, relapses occasionally occur under all modes of treatment whatever. So far as an opinion may be based upon the cases treated at the Seventh Street Dispensary by sulphate of cinchona, we do not think that the proportion of relapses has been larger than in the same number treated by either the quinidine or quinine itself. The quantity of sulphate of cinchona used was one-third more than that of the quinidine. The three salts, quinine, quinidine, and sulphate of cinchona, were given both in pill and solution, and were directed to be taken, the first, in doses of about a grain, the second, in doses of about two grains, and the last in doses of about three grains every hour for eight hours before the time of the expected paroxysm. The quantities were not always just as above stated, but varied more or less. These, however, were the regular formulas of the Dispensary. It was very often deemed advisable to unite them with various other substances. In cases that were represented to be very obstinate, that had, for instance, been in the hands of several medical men of the city, without improvement, sulphate of iron and sulphate of copper were added to the prescription—or carbonate of ammonia, or capsicum. And occasionally, where the disease was of long standing, and especially where the interval between the paroxysms was considerable, as seven, or fourteen, or twenty-one days, the extract of bark, in doses of five grains, with one-fouth of a grain of blue vitriol twice or three times a day, was given the preference. These two substances together, and especially when united with a third, the sulphate of iron, yielded highly satisfactory results in the fever when it assumed the seven, fourteen, and twenty-one day type.

In two cases that had proved rebellious to every other means, and in which in the early part of the season had been used, by the advice of a physician of the city, Fowler's solution without benefit, this remedy was exhibited with the effect of arresting the paroxysm at the end of a week. Both individuals were members of the same family, and lived in the outskirts of the city, in a shanty,

built upon the bottom of a large pond which had been drained in 1854. Whether their recovery can be attributed to the medicine or to the two facts that cold weather had set in and their systems were almost saturated with iron, is, I think, a question.

The dilute nitric acid was administered in but a single case. This was an example of the twenty-one day form. The cure was complete, the paroxysm never having recurred after the exhibition of the acid.

In the eight hundred and fifty-one cases, whether of recent date or long standing, and of whatever type, the patients were directed, with the smallest number of exceptions, to take conjointly with whatever remedy used, the carbonate of iron and powdered cinchona three times a day, in equal quantities, in doses of from a half to a teaspoonful each. Iron alone or in combination with bark is almost as invariably exhibted in the treatment of intermittent fever at the Seventh Street Dispensary as any of the antiperiodic salts themselves. And we think that much of the success in its management may legitimately be ascribed to this fact.

Save in exceptional cases, it has not been the practice at the Dispensary to premise, as was once the fashion, any opening or preparatory medicine whatever. One of the antiperiodics, and iron, and bark, were at once ordered, and in no instance has anything occurred to cause us to regret this course.

In a large number of instances the individuals who were the subjects of the disease under consideration, were profoundly anemic, and were often suffering from dropsical accumulations, both in the cellular tissue and in some of the cavities of the body. Yet the only change made in the treatment, because of these conditions, was an increase in the quantity of chalybeates. One case, in particular, of general dropsy the result of chills, which now occurs to me, that had been very severely physiced by a city practitioner, who had sent him to the Dispensary in order to get a permit for the hospital, was relieved in less than a fortnight by quinidine as an antiperiodic, and the free use of iron.

The two examples of rheumatism, which appear in the tables, were of the acute articular form, and were treated successfully by

Rochelle salts, after the manner recommended by Dr. Fuller, of London.

The three cases of asthma, two occurring in children, and one in an adult, were greatly relieved during the paroxysms by the gentle inhalation of chloroform.

The case of boil, which was one of boils presenting themselves in various parts of the body, was, in the opinion of the patient, much benefited by the lead plaster applied over the inflamed spots.

The two cases of colic were promptly relieved by the inhalation and internal use of chloroform. The convulsions, in the single case of that affection treated, were controlled by chloroform, though the subject of them died.

The five cases of remittent fever were all treated by the liberal use of cold water in the form of baths, douches, and wet sheets, and the internal administration of ice; and when the febrile reaction and general temperature of the body had been reduced, the rapid introduction into the system of some antiperiodic.

There was one case of simple conjunctivitis, two cases of granular conjunctivitis, and five cases complicated with ulcerations of the cornea—in all eight. The cases of granular lids had been treated in one of the public institutions of the city throughout the greater part of last summer without sensible improvement. They were directed to take full doses of iron, bark, and quinine—the lids were everted and painted daily with a solution of nitrate of silver, ten and fifteen grains to the ounce, and dilute citrine ointment in one case, and the dilute ointment of the red oxide of mercury in the other, applied every night on going to bed. One was relieved in three and the other in six weeks.

Two of the subjects of acute conjunctivitis, with corneal ulcerations, were led to the Dispensary. The inflammation in the eyes of both was excessive. The symptoms were those usual in such cases. The treatment adopted was free scarification of the lids, the bleeding being promoted by warm applications, cups to the temples, mercurial cathartics, and the daily application of a solution of nitrate of silver, ten grains to the ounce, to the palpebral conjunctiva. In order that there might be no question as to the salt being brought into contact with the mucous membrane of the pal-

pebrae, this, after the lids were completely everted, was well dried with lint before the caustic was used. I was the more particular in this latter respect than I would otherwise have been, because it has been much the habit among certain medical men to decry the use of the nitrate of silver in this affection, alleging that where it has apparently been applied with benefit, it was owing to the substance having been prevented from coming in contact with the conjunctiva by this structure being constantly bathed in the mucus and other secretions of the eye. In all the cases in which the caustic solution was employed at the Dispensary, the precaution of drying the mucous membrane was invariably taken, and the solution was used so freely and in such quantities that the most skeptical must have been convinced that the application was most thorough and complete, and could not by any possibility have failed to reach every portion of the conjunctiva, both upon the lids and globe of the eye.

In the two individuals referred to as having been led to the institution, the beneficial effects of the treatment instituted were manifested almost at once. In one every trace of inflammation, both of the conjunctiva and globe of the eye, was removed in six days. The loss of substance consequent upon ulceration was not, of course, repaired so soon. Cicatrization, however, was not long in being effected, and owing mainly to the situation of the ulcers but partly, we must be allowed to think, to the rapidity with which they were healed, the sight of neither eye was in any wise impaired.

Case number two being somewhat less violent in all its main features, was treated with less activity, cups and scarifications being employed but once. To the nitrate of silver we are disposed to give the credit of the cure, which was complete at the expiration of eleven days.

There were three other cases of acute conjunctivitis with ulcerations of the cornea, all occurring in children, two of whom were scrofulous. The only change, however, made in the treatment was as respects the internal medication, which was that adapted to this new constitutional feature. The daily cauterization of the lids with the silver was practiced with as much regularity and I am sure with equal good as in the disease in the adults.

The case of blepharitis was treated after the method recommended by Mr. Critchett, in his lectures in the London Lancet, and after the roots of the eye lashes were thoroughly cleansed, a single application of the nitrate of silver was sufficient to effect a cure.

The case of double vision is one of some physiological interest. The subject of the affection is an adult Irish laborer, who, having suffered for some weeks with intermittent fever, consulted a quack, who gave him large quantities of a white powder, which, as described by the patient, we think, must have been the sulphate of quinine. After having taken two doses of this substance, he experienced ringing in the ears, and the most intolerable headache, followed the next day by double vision, which continues to this date, December 1st. The expression of the man's eyes is peculiar, and his control over their movements is incomplete. He sees all objects double.

The case of foreign body in the ear is not without interest, and illustrates, in a very striking degree, the value of the speculum in examinations of this organ. The patient, an Irish house-maid, had suffered with ear-ache two years before, for which she was advised to use an application of cotton saturated with laudanum and sweet oil. This she did and with the effect of allaying the pain. But she noticed soon after that she had constant buzzing in the ear, some thickness of hearing, and before long almost total deafness on the affected side. On application at the Dispensary, the patient was unable to hear the ticking of a watch when held directly against the diseased ear. The external auditory canal being thoroughly cleansed, which, however, it required several days to do, the speculum revealed something foreign lying directly upon the tympanum. This was carefully removed, and when examined with a glass, was found to consist of cotton fibres and hardened cerumen, the former of which had doubtless been in the ear from the time of the introduction of the cotton wad two years before. The hearing was promptly and completely restored.

There are two cases reported of consumption. One has passed from under our eyes, and is, we suppose, dead. In the other the disease is in the second stage, and is of a very chronic character. The sufferer, a young English woman, took, while living in Phil-

adelphia, considerable quantities of cod-liver oil. The remedy, however, had grown so repugnant to her that she was unable to continue its use. While under our charge she has used the glycerine instead, and in her own opinion she has been as much benefited by it as she ever was by the oil. It is not offensive, and does not produce nausea or vomiting. The patient has certainly improved slightly in flesh and general appearance since she commenced its use, but whether the change can be fairly ascribed to the remedy or not, I am not prepared to say. No improvement has occurred in the physical signs during this period.

The two cases of typhoid fever, tabled as having died, were not seen till the third week of the disease. The case of congestive chill was death-struck from the start. That of chronic diarrhœa was in the person of a feeble, tuberculous Irish woman, and the case of convulsions, although apparently, at one time, relieved, finally died of cerebral lesion.

Before closing this report I desire to direct the attention of the reader of the Journal to the facts which it contains, as illustrative of the advantages which Louisville offers through this new Charity to the student of medicine. By turning to the tables which it contains it will be observed that the amount and variety of disease presented to the student who visits the Seventh Street Dispensary, are ample for every practical purpose. He cannot fail, during the course of a season, to see examples of every form of disease which he is likely to meet with in practice. It is part of the duty of the physician connected with the institution to assist him in his investigations, to instruct him what to look for, what to observe. When the student is somewhat advanced, cases are entrusted to his care, and then he is required to make a daily report of the symptoms, and of the treatment instituted. The prescriptions being, with few exceptions, put up at the Dispensary by students who are appointed for the purpose, and who serve, for a given length of time, the embryo physician has abundant opportunity to study both the articles of his future armamentarium, the manner of compounding them, and their therapeutic application.

During the winter season, on six days, and during the remainder of the year, on three days in the week, clinical lessons, of a strictly practical character, are given at the Dispensary.

The institution may be considered a permanent one, and during the approaching session of the Legislature a charter will be obtained for it, in order to enlarge the basis of its operations.

December 1, 1855.

ART. IV.—REMARKS ON THE REMEDIAL VIRTUES OF CANNABIS INDICA, OR INDIAN HEMP.

BY GEORGE S. D. ANDERSON, M. D., OF RAPIDES, LA.

THOUGH the Greek physicians were unacquainted with the extraordinary narcotic properties of the Indian hemp, it has been known in the East Indies and other parts of the Eastern Continent as an intoxicating and medicinal agent from a very early period. Christison says it was known to the Hindoos so early as the year 600, and that the Persians became acquainted with it not long afterwards; at a subsequent period its virtues became known to the Arabians, by whom, as well as by the Persians, it was used medicinally as a sedative and anodyne. According to Dunglison, its properties as a narcotic have long been known to the people of Southern Africa, South America, Turkey, Egypt, Asia Minor, and India; it has also been known to the Maylays, Burmese, and Siamese, being used both as an intoxicating and therapeutic agent.

Notwithstanding the fact that Indian hemp has for more than twelve centuries been known in India and other portions of the Eastern Continent as a powerful narcotic, and has also been frequently noticed by travelers and others who have given accounts of it, it does not seem to have been known in Western Europe either as an intoxicating, toxicological, or therapeutic agent, till Dr. O'Shaughnessy, of Calcutta, published an account of it in 1839. To him, therefore, is due the credit of first giving a precise account of its medicinal properties.

Since the publication of Dr. O'Shaughnessy's account of the virtues of the Indian hemp, it has been used as a medicine by many respectable practitioners both in Europe and America. The accounts, however, given of its effects on the economy by different experimenters, are somewhat contradictory. But experience abundantly proves it to be a most powerful narcotic, capable of answering important indications in the treatment of disease. Like all other potent medicines it should be administered with caution and judgment, as an over-dose produces alarming symptoms; so much so, that one who has witnessed the effects of an over-dose might be induced to abandon it altogether as a medical agent. But however powerful as a narcotic it may be, and however alarming the symptoms of an over-dose, we cannot subscribe to the opinion, that because it is one of our most potent medicines, capable of destroying life in not a very large dose, its use should be abandoned. As well might we condemn and abandon the use of strychnine, morphine, veratria, tartar emetic, and many other valuable articles of the Materia Medica; and so the surgeon might abandon the knife, because in the hands of empirics and others unskilled in its use, it has done harm. We hold, therefore, that the mere fact of Indian hemp being a very powerful medicine, capable of doing harm when incautiously or unskillfully administered, is not ground sufficient for rejecting it as a therapeutic agent, than which none, perhaps, is more certain as an anodyne, relieving pain almost like a charm.

We have used the Indian hemp in six instances—twice in the same individual—and we propose to lay our experience before the profession for the purpose of directing the attention of physicians more particularly to it.

The first case was that of a gentleman about twenty-five years of age. He had been the subject of pleurodynia for several years, having suffered a great deal with it while at college. The suffering experienced during an attack was intense, and, in some instances, threatened almost instant death. He was generally attacked in the night, and most commonly after having taken butter-milk for his dinner or supper. We believe that other articles of diet also brought it on, or seemed to act as an exciting cause. Before consulting me he had been in the habit of taking

large doses of morphine and of chloroform, internally, in the same attack. These medicines generally afforded relief, but sometimes many hours have elapsed before complete relief was obtained. I considered this a case well suited to the Cannabis Indica; accordingly I procured an excellent article of the extract for the purpose of making a trial of it the first opportunity that presented itself. The patient had an attack, as usual in the night, and morphine and chloroform had both been given before I saw him, though I do not now recollect how much of either. When I saw him he was suffering greatly: I immediately gave him a grain of the extract of Indian hemp. In a short time he expressed himself much better and became sleepy. About half an hour after the first dose, I repeated the medicine, giving him another grain, when he went to sleep and slept well the balance of the night, getting up quite well next morning, without any unpleasant effects from the medicine, such as head-ache, stupor, etc.

On a subsequent occasion I saw the patient at the beginning of an attack, before he had taken any medicine. I immediately gave him thirty drops of a tincture prepared from the above extract, of the strength of one grain of the extract to sixteen minims of dilute alcohol. This dose did not afford a like relief, so I in a short time repeated it, when he became easy and again went to sleep and slept well all night. He experienced some head symptoms next morning, as dullness, etc.

The two doses in this last case were about equal in amount to two grains of the extract.

The third case was that of an infant in its fourth month with a spasmodic colic. It had taken Dewees' carminatives and tinct. opii. camph. before I saw it. I have no recollection of the quantity of either of these given, but whatever the doses may have been, (small, though, I suppose, as it was the first child, and its fond mother was timid,) relief had not followed its administration. When I saw it I gave it one drop of the above tincture with three drops of tinct. opii. camph., after which it soon composed itself to sleep, and awoke quite refreshed and free from pain.

The fourth case was one of fibro-bronchitis, in a gentleman about forty-five years of age. He had been rather suddenly attacked on the evening of the 23d of December, 1854, when I was

immediately sent for, and found him breathing very hurriedly—almost panting. I bled him from the arm immediately, ordered a warm bath, and gave him tincture of Indian hemp, bled him again in about half an hour, and repeated the bath and tincture of Indian hemp, with tincture of lobelia, fifteen drops. Before he left the bathing-tub he became almost deathly sick, had an operation from the bowels immediately afterwards, and took his bed. The sickness continued for some time, but the difficulty of breathing rapidly passed away, and in the course of about three hours he became sleepy, and rested tolerably well the remainder of the night. He recovered under the use of the compound syrup of squills, etc., expectorating tube-like matter in the course of three or four days. This matter was rather ash-colored and in quills about the size of a common writing quill, and was very tough and stringy.

The fifth case was that of a lady in the eighty-seventh year of her age. She had neuralgia of the right side of the head, affecting particularly the right eye. It was paroxysmal, returning every morning between eight and nine o'clock. Quinine and morphine had been used in this case, but had not relieved the patient of the pain. She suffered from a return of each paroxysm. I therefore determined to try the Indian hemp in this case. Accordingly, on the morning of the 20th of Feb., 1855, I repaired to her house about six o'clock, A. M., and found my patient had just risen from bed, and entirely free from pain. I gave her about one-fourth of a grain of morphine and five drops of the tincture of hemp. About an hour afterwards I repeated the tincture. She had now taken two doses or about ten drops, and experienced no effects from it. About an hour and a half after this she complained of a return of her neuralgia, when I gave her about the eighth of a grain of morphine, with six drops of the tincture of Indian hemp. She soon complained of being too warm, and began to perspire freely. The doors and windows were thrown open, and she was fanned. She now began to complain of sickness at the stomach; the perspiration increased; the pulse became smaller and smaller at the wrist till finally it could not be felt; the superficial veins of the hands and arms became distended to their utmost, refusing to contract to force the blood

downwards to the heart; and her eyes assumed a deathly position and aspect. Such was the alarming spectacle before me. I at once commenced giving pure cologne (the most powerful stimulant in the house), before she had approached the worst. She took several teaspoonsful before she ceased to swallow, and then by rubbing with warm cloths, as well perhaps as by the noise made by the servants, she ere long showed signs of returning animation and recovered. She had no return of the neuralgia, nor has she had a return of it since till within the last few days, (13th of December, 1855.)

The peculiar effects of the medicine were manifested in this case; for after recovery from the state of narcotism it induced, she said she felt as though she had no head, nor could she tell anything about the feeling in her hands, but an indescribable feeling pervaded her entire system.

This case had the effect of inducing me to abandon for a time the use of the Cannabis Indica. I have used it but once since; that was in the case of a negro woman, about forty years of age, with dysentery. I gave her several doses of it, always with the effect of affording relief, but as she had other diseases that were chronic it became necessary to abandon its use, and I have not used it since. This occurred in April, 1855.

I offer these cases without comment. I did not, it will be seen, confine myself to any particular class of diseases; nor can my experiments be considered at all conclusive as to what all the effects of the medicine may be when administered for medicinal or other purposes. Enough was shown to convince me of the extraordinary powers of the medicine, and I have every reason to believe that it will, in time, become one of our most valued and esteemed medicinal agents. That it should be cautiously used is evinced by the last case but one enumerated.

December 17, 1855.

Bibliographical Notices.

ART. V.—*The Obstetric Memoirs and Contributions of* JAMES Y. SIMPSON, M. D., F. R. S. E., Professor of Midwifery in the University of Edinburg, etc., etc. Edited by W. O. PRIESTLEY, M. D., Edinburg, formerly Vice-President of the Parisian Medical Society, and HORATIO R. STORER, M. D., one of the Physicians to the Boston Lying-in Hospital, Member of the Medico-Chirurgical and Obstetric Societies of Edinburg, etc., etc., etc. Vol. I. Philad.: J. B. Lippincott & Co. 1855. 8vo. pp. 756.

The author of these Memoirs is one of the most distinguished of living obstetricians, and one of the most prolific medical writers of the day. The volume before us, comprising nearly eight hundred large pages—a beautifully executed volume let us remark at the beginning—constitutes but little more than half of what he has written, and yet Dr. Simpson is under forty-five years of age. Few men have innovated so largely or so successfully upon obstetric practice as he has done during his comparatively brief career. We enumerate a few of these innovations.

In 1844 Dr. Simpson, in certain cases of placenta previa, proposed the extraction of the placenta before the delivery of the child.

In 1847 he proposed the operation of turning as an alternative for craniotomy, and in the same year recommended the use of anæsthetics in labor.

These proposals have met with the assent of a large proportion of the profession, and their adoption, we are persuaded, has not only averted an incalculable amount of suffering but saved the lives of many a mother.

Dr. Simpson, in 1843, proposed the sound in uterine diagnosis; and the same year he suggested the treatment of displacements of the womb by intra-uterine pessaries. The year following, in cases

of obstructive dysmenorrhœa, he recommended the incision of the cervix uteri; and in 1849 he proposed the employment of spongetents to expose intra-uterine polypi.

These propositions have not been so generally concurred in by obstetricians, but it is due to Dr. Simpson to say that many sound practitioners, perhaps a majority, have sanctioned them. It is unquestionably true that the sound is necessary to the diagnosis of certain female diseases, and the tent to the cure of others. The violence with which some of his propositions have been assailed has appeared to us unaccountable, except upon grounds of personal hostility. It seems that such personal enmity has operated in at least one quarter, and there is strong reason to believe that opposition to the author has imparted unreasonable warmth to the opposition to his opinions. Weak as such a course is, it is one into which men do occasionally suffer themselves to be betrayed. Improvements and discoveries have often been rejected on no better ground than that of hostility to their authors. There are those who will decline the use of a good remedy because an obnoxious rival employs it. No doubt some of our readers will be able to call to mind instances similar to the one recounted by Dr. Simpson's American editor in the preface to his work, which is as follows:—

"Dr. Robert Lee, of London, though himself a Scotchman, has for many years been Dr. Simpson's inveterate opponent, and has successively attacked every proposition of any importance he has made since 1840—the date of their competing for the chair Dr. Simpson now holds in the University of Edinburg. To several of these attacks Dr. Simpson has replied at length; the remainder he has probably considered beneath his notice. Among others, Dr. Simpson's proposal of the intra-uterine passary could not, of course, remain unnoticed, and on various occasions and in various connections Dr. Lee has subjected it to unmeasured ridicule, and at no time has he been at all temperate in his use of language. He has attacked Dr. Simpson at all times and seasons. Within even a year he has published in one of the London journals a most furious tirade upon anesthetics in labor. He has written alike in his own name and anonymously; and I think no one can systematically follow out the whole details of his warfare, as I have done, and still consider Dr. Lee an earnest physician laboring only for truth's sake. I regret to say this, and have done so with great reluctance. I know that it will give Dr. Simpson pain. But I must add that Dr. Lee's chief works on obstetrics,

which formerly gained for him such reputation as a practitioner and as a writer, are now becoming considered entirely unreliable. His famous system of uterine nerves has been proved by Dr. Snow Beck, from the same identical specimens, not to exist; and the honors conferred upon him by one of the highest Societies in Great Britain,* have been formally and ignominiously cancelled."

The subjects treated of in this volume are arranged under three heads, the first of which comprises forty-three papers on the Special Pathology of the unimpregnated Female, the second embraces five on the Physiology and Pathology of Pregnancy, and the third thirty-three on Natural and Morbid Parturition. Many of these are short, extempore papers, but others are long and highly elaborate, and will maintain their places among the best productions of the day on obstetric medicine. As in the space afforded by a single number of our Journal it would be impossible to review all the subjects treated of by Prof. Simpson, we shall confine ourselves to an examination of some of the more important papers which especially characterize the views and practice of the author.

In the first, the subject of the general diagnosis of uterine disease is considered at great length, and in it the reader will find expressed many of the views respecting the pathology of the uterus upon which much of the author's peculiarity of practice is founded. He treats of the subject under two heads: the *symptoms* and the *signs* of the uterine disease. In the former, he refers to the five following sources or varieties of information:—

"1. *Derangements in the Functions and Vital Condition of the Uterus itself*, as indicated by the quantity, character, periodicity, etc., of the menstrual and mucous secretions of the organ; by the occurrence of morbid uterine or vaginal discharges—as blood, serous fluid, pus, etc.; by the existence of morbid sensations in the region of the uterus—such as different modifications of pain, intermittent or continuous, feelings of heat, weight, tension, bearing down, etc.; and if the patient be married, by the reproductive powers being affected, as shown by sterility, the recurrence of abortions, premature labor, and the like.

"2. *Dynamic Symptoms in neighboring Pelvic Organs*, more especially affections of the rectum and bladder, and of branches of the vessels and nerves passing through the pelvis. In this division are included pains about the bladder or rectum, in the groins,

* The Royal Society of London.

along the crest of the ilium, and along the course of the crural and sciatic nerves; intermittent pains in the lower part of the abdomen: derangement of the functions of the rectum or bladder, producing either constipation, or difficult or painful defæcation on the one hand, or too frequent micturition, dysuria, retention or incontinence of urine on the other.

"3. *Sympathetic Pains in different and distant Parts of the Body*, including pain in the mammæ, along the lower extremities; in the loins, and at points along the course of the spinal column; in the parietes of the thorax or abdomen; on one or other side, and especially under the left breast; along the course of the colon; under the margin of the ribs; increased by any causes which tend to an increased action of the uterus, such as the erect position, menstruation, etc.

"4. *Derangements of Functions in Distinct Organs*, including affections of the kidneys, intestinal canal, liver, lungs, nervous system, and skin.

"5. *States of General Constitutional Derangement.* These comprise more particularly febrile, cachectic, and anæmic conditions."

The above are the chief symptoms, local, constitutional, and sympathetic, of diseases of the uterus, but whether always originating in uterine affections, or in diseases of other parts involving the uterus secondarily, is a question which we shall not now stop to discuss.

Dr. Simpson gives the following summary of the *signs* of uterine disease:

"1. The external or abdominal examination of the patient by sight, touch, auscultation, and percussion.

"2. The tactile examination of the uterus, ovaries, etc., by the vagina or by the rectum.

"3. That most important mode of diagnosis, viz: the simultaneous combination of the external and internal modes of tactile examination.

"4. The use of the speculum.

"5. The use of the uterine sound.

"6 The use of sponge-tents, with the view of dilating the os uteri, so that the finger can be introduced into the cavity of the cervix or cavity of the body of the organ.

"7. The microscopic and chemical examination of the discharges from the uterus and vagina.

"8. The employment of the exploring needle in cases of fluid collections, in order to ascertain the contents of such collections; and

"9. The adoption of anæsthetic agents to relax the abdominal

parietes, and enable us to practise the different modes of examination, in cases of excessive or neuralgic tenderness of the abdominal surface or vagina, etc."

In this paper Dr. Simpson insists with great earnestness upon the paramount certainty of physical diagnosis, and the utter insufficiency of rational symptoms, in the discrimination of uterine disease. This preference for physical means of diagnosis has perhaps led the author to the undue preference for physical methods of cure with which he has been charged by many of his brethren. He depicts forcibly in the following passage the evils of "exclusiveness," and yet seems not to be aware that in relying so exclusively upon physical means of diagnosis he is running into the very error he condemns:—

"Since the diseases of the uterus and its appendages have of late years attracted so much more the attention of the profession than they formerly did, one grevious error has been committed in their study and investigation. The error I allude to is the error of exclusiveness. Formerly many practitioners seemed to look upon all diseases of the uterus as diseases indicative of debility; and they treated almost every one of them with muriate of iron and other chalybeate preparations, sometimes adding, where there was any discharge, the local employment of astringent or tonic injections. I fear that even yet you will find some old practitioners treating their uterine cases upon this sole principle. Then a second set of pathologists would, if we may judge from their writings, seem to suppose that all diseases of the uterus are marked by, if they do not consist of, congestion and engorgement of blood; and that they are to be remedied by the remedies applicable to their state. A third set, again, look upon the general run of uterine cases as almost invariably inflammatory in their nature, and imagine that we are sure, or almost sure, to find in every case, inflammation, or some of its results, as ulceration, purulent discharges, etc. A fourth set would seem to fancy all uterine ailments to be produced by some mechanical displacement or dislocation of the uterus, and to consist of prolapsus, versions, and flexions of this organ upon itself and upon the neighboring parts. Again, there are some practitioners—one in particular, in immense practice in America—who would appear to believe that the affections of the uterus are fundamentally nervous or neuralgic disorders, and that they are always to be treated by the local inunction upon the cervix uteri of morphia, aconite and similar sedatives. Another section of pathologists imagine the so-called uterine diseases are, after all, not uterine, but ovarian; and that ovarian irritation and inflammation is actually the source and

origin of much of the suffering that is imagined to be uterine in its seat. Lastly, for it is needless to extend this tedious enumeration, you will find another set enjoying the belief, that these supposed uterine or ovarian diseases are not at all uterine or ovarian in their origin, but in reality diseases of the general system; they may not deny that local affections do occur in the uterus and ovaries, but these local affections are, in their opinion, results and effects of some more general or constitutional disease of the nervous system or of the economy at large."

The memoir on the uterine sound is an elaborate and important one, and concludes with the following summary of the chief purposes which the instrument is calculated to fulfil:

"1. The sound increases to a great degree our power of making a perfect and precise tactile examination of the fundus, body, and cervix of the uterus, by enabling us to bring these portions of the organ successively into the most convenient position for external or internal examination or manipulation.

"2. The previous introduction of the instrument facilitates and simplifies the subsequent visual examination of the cervix uteri with the speculum by lessening the difficulty which sometimes arises of catching the os and cervix uteri in the upper or internal extremity of the instrument.

"3. By its use we may, in many instances of pelvic and hypogastric or abdominal tumors, ascertain the connexion or non-connexion of these tumors with the uterus. Thus, when the tumor is uterine, the instrument, when passed into the uterine cavity, enters, as it were, more or less into the very structure of the morbid mass, and the tumor and instrument afterwards reciprocally move in exact correspondence with each other. When, however, the tumor is not uterine—(1,) the uterus may be retained in its situation with the sound, and then, by means of the hand above the pubis, or by some fingers in the vagina, the tumor, if unattached to the uterine tissues, may be moved away from the fixed organ; or (2,) the tumor being left in its situation, it may be possible to move away the uterus from it to such an extent as to show them to be unconnected; or (3,) instead of keeping the uterus fixed and moving the tumor, or fixing the tumor and moving the uterus, both may be moved simultaneously, the uterus by the bougie, and the tumor by the hand or fingers, to opposite sides of the pelvis, to such an extent as to give still more conclusive evidence of the fact.

"4. The uterine bougie is capable of affording valuable diagnostic information, by enabling us to measure the length of the uterine cavity, as in the following cases, in which it is abnormally increased—(1,) Morbid permanence of the state of puerperal hypertrophy; (2,) Normal elongation of the puerperal uterus as a

sign of delivery; (3.) Increased length in metritic and congestive hypertrophy of the body of the uterus; (4.) Longitudinal hypertrophy of the uterus, and especially of the cervix; (5.) Enlargement of the uterus and uterine cavity from the growth of fibrous tumors in the parieties of the organ; (6.) Enlargement and distension of the uterus from polypi; (7.) Elongation of the uterus in hernia of the organ. The uterine bougie affords information in the following cases, in which the uterine cavity is abnormally diminished; (1.) Preternatural shortness of the uterus from original malformation; (2.) Shortening of the uterine canal from stricture or partial obliteration; (3.) Diminution of the depth of the uterine cavity from inversion of the organ."

The papers on polypi of the uterus are highly interesting. Some of the points started are the following: The employment of the uterine sound in cases of polypi growing from the lips of the cervix, which Dr. Simpson believes will afford information of the greatest value; the employment of sponge tents for the mechanical dilatation of the cervix in cases of intra uterine polypi to such an extent as to admit of the introduction of a finger into the uterine cavity, for the purpose of exploration and diagnosis; and the advantages of the excision of large pedunculated polypi over deligation. This operation the author regards as being not only less hazardous and more easily performed, but safer than the one of excision by ligature. We concur in this opinion, and have no doubt that it will be generally adopted by the profession.

An important series of papers on malignant diseases of the uterus follows, in one of which the nature of the cauliflower excrescence is considered:

"The pathological nature of this variety of morbid growth, has given rise to a considerable difference of opinion among physicians. Drs. Gooch, Hooper, Davis, and Lee regard it as truly cancerous in its character; others—as Drs. Clarke, Burns, and Waller—consider it as a morbid tissue, not necessarily of a malignant or carcinomatous nature. A number of circumstances appear to me to show that, in reference to at least the first stage of cauliflower excrescence, the opinion of these latter authors is probably correct. The occurrence of the disease in some cases as early as the twentieth year of life; its occasional shrinking and almost total disappearance upon the application of a ligature, or after death; the frequent slowness of its general progress during life; the apparent absence of diseased deposits in the neighboring tissues and parts upon the dead body; and, above all, the alleged

restriction, and even complete removal, of the tumor, in one or two instances, by the use of astringent applications and other simple means, form so many circumstances strongly pointing to the opinion that, in the earlier part of its progress, the tumor cannot be regarded as of a carcinomatous character."

The above favorable view of the nature of the disease is hardly sustained by the following remarks on the same subject:

"But whatever view we may take of the primary nature of the cauliflower excrescence of the cervix uteri, we have sufficient evidence for believing either that this disease has been often confounded with carcinomatous or medullary fungus from the cervix uteri, from the want of adequate diagnostic marks to distinguish them; or that, though non-malignant in its commencement, the cauliflower excrescence may, like some other local benign growths, become the seat of carcinomatous deposit and malignant action during its progress. Thus it has been found by Gooch and Madame Boivin to return again in a malignant form, after its imperfect removal by the ligature or knife. In an instance mentioned by Dr. Davis, its removal was followed, after the lapse of a considerable period, by its reproduction, and ultimately by carcinomatous ulceration; and in two cases that occurred to Professors D'Outrepont and Siebold, in which large tumors having a cauliflower form were found affixed to the cervix uteri during parturition, the neighboring uterine tissues, as well as the contiguous structures of the bladder and uterus, were found in a carcinomatous state upon the post-mortem dissection. In another case, in which Michaelis excised what he terms a *fungus medullaris* with a cauliflower appearance, from the anterior lip of the uterus during labor, the posterior lip of the organ afterwards degenerated, and cancer of the stomach ultimately supervened."

We apprehend that this excrescence of the uterus is always malignant in its character, all its varieties being referable to the epithelial or the medullary cancer. Certainly it bears the closest resemblance to the former, which in one stage is a malignant, and in another appears to be a non-malignant, disease. Mr. Paget, in his admirable lectures on Surgical Pathology, has the following remarks on the papillary tumors of the uterus, which Virchow had described as of three kinds:

"It is evident from his description that the cauliflower excrescence, in the two conditions distinguished by him, illustrates the usual history of the most exuberant epithelial cancers; it might be taken as the principal example of the group. That which he calls the '*simple papillary tumor*,' is an excessive papillary out-

growth of epithelial cancer; the latter stage of the same, when it passes into '*cancroid*,' is the usual extension of such a cancer into deeper parts—a continuous growth of the same thing in a new direction; for the papillary structures—composed, as Virchow says, of epithelial cells with blood vessels and a very little connective tissue—are the essential characters of the epithelial cancerous outgrowths; and I believe that the same composition has never been seen in any papillary or warty growths that did not, if time were allowed, proceed to the formation of epithelial structure in the deeper parts, and thence through the usual progress of malignant disease."

Cauliflower conforms to this description, in its earliest stage being of a simple, benign nature, but in its further progress assuming a character of malignancy.

Dr. Simpson mentions the following forms of disease as furnishing cases for the excision of the cervix uteri:

"1. Great morbid hypertrophy, by elongation of the vaginal portion of the cervix uteri.

"2. Corroding ulcer, when limited to the lips of the cervix, and pathologically identical with the form of lupus of malignant ulcer so well known on the face; and

"3. Circumscribed and local forms of carcinomatous disease, or excrescence of the lips and lower segment of the cervix uteri.

We confess we should not perform the operation in any of these cases. Morbid hypertrophy we should not esteem an affection grave enough to justify so serious a procedure; and in cancer we should deem it ineffectual.

Dr. Simpson attaches great pathological importance to retroversion of the unimpregnated uterus. The following is a summary of his leading doctrines and practical deductions:

"1. That the disease had generally been considered to be rare, merely in consequence of the want of a proper and easy means of detecting it; but that since the author had made this discovery, he had found it to be one of the most common and frequent displacements and affections of the unimpregnated uterus;

"2. That the functional symptoms of this lesion are of a very varied and uncertain character, sometimes being either few or altogether absent, and sometimes extremely severe and distressing. That when present, they are more or less perfect imitations of the secondary phenomena of pregnancy, such as dyspeptic and hysterical symptoms, neuralgic pains in the mammæ, in portions of the vertebral column, or in the parietes of the chest or abdomen. Mechanical irritations and symptoms in neighboring or-

gans, more especially of the rectum and bladder, giving rise to constipation or impeded defæcation on the one hand, or to dysuria, retention, or incontinence on the other. Weight, tension, and bearing down in the regions of the uterus and rectum, with dragging at the loins and in the region of the uterine ligaments. Pains stretching down one or both lower extremities. Inability to bear carriage exercise, whilst walking and standing speedily produce fatigue. In some cases menstruation is not morbidly altered, but in others it is either suppressed, painful, or excessive. Leucorrhœa is sometimes absent, and at other times present; and when pregnancy occurs, abortion is apt to take place; but in some cases the uterus is spontaneously rectified, and utero gestation proceeds to the full time. Usually it interferes with the function of conception, and is often a cause of sterility;

"3. That with regard to its physical signs, the employment of sight by means of the speculum in no respect assists our diagnosis; but that, on tactile examination, a solid tumor is to be felt behind the cervix uteri, between the uterus and rectum, and the same firm mass may be felt through the anterior wall of the bowel, in making an anal examination; and that the most simple and certain method of diagnosis consists in the introduction of the uterine sound, which, by following the curvature or reflexion of the uterus, can be made to enter and traverse the centre of the supposed tumor;

"4. That the most frequent abnormal conditions with which it is apt to be confounded are—1. Pregnancy. 2. Fibrous and other tumors in the posterior wall of the uterus. 3. Ovarian tumors in their earlier stages. 4. Pelvic cellulitis. 5. Extra uterine conceptions lodged between the uterus and rectum. 6. Organic disease in the anterior wall of the rectum. 7. Stricture of the rectum. It is scarcely necessary to add, that the principal means relied upon for diagnosis is the introduction of the uterine sound.

"5. That the treatment should comprise the three following indications:—1. The removal, if necessary and possible, of any morbid action in the uterine structures that may exist along with the displacement. 2. The restoration of the uterus to its normal situation. 3. The use of means to retain it in its replaced and natural position. The first indication points to the removal of congestion, inflammation, and hypertrophy of the uterus—constriction of the cervix uteri; and painful, congestive, and inflammatory conditions of one or both ovaries. The second to the restoration of the uterus to its normal situation, which is best effected by introducing the uterine sound into the cavity of the organ, and using it as a lever. The retention of the replaced uterus in its normal situation is proposed to be accomplished by means of an intra-uterine pessary, which is to be worn for a period varying from one or two weeks to many months."

No part of Dr. Simpson's work will be more severely criticised than the paper setting forth these views. In the first place, it may be doubted whether the displacement referred to is productive of all the distressing sufferings and ailments ascribed to it by our author. "But," remarks one of his reviewers, "if the pathological nature and relations of a lesion are doubtful, it becomes still more necessary to be cautious in the application of our therapeutical or curative measures; and here we cannot help thinking that the means suggested for its cure are scarcely warranted by our knowledge of the nature of the disease. It is proposed by Dr. Simpson, first, to replace the organ by means of the uterine sound, and secondly, to fix and retain it in position by means of an intra-uterine pessary—that is to say, by means of an inflexible and unyielding instrument, which can permit of little or no uterine movement. Now, apart from the difficulty and danger which are said to have attended this proceeding, we are prepared to oppose the practice upon purely physiological grounds. We have already adverted to the fact that the uterus was never intended to hold a fixed and undeviating position, but to accommodate itself somewhat to the varying states of adjacent organs. In the words of Dr. Simpson, its position is capable of being changed to a very considerable extent without incommodity or injury, by such exterior influences as may naturally or accidentally act upon it. Its position is so far constantly changed by the varying states of distension of the bladder and rectum. Under voluntary efforts of straining it can in general be readily pushed down half an inch or an inch into the cavity of the vagina, and it may be drawn down by instruments till the cervix reaches the external parts themselves, or even protrudes beyond them. Now we contend that to fix an organ which nature never intended to be fixed, and to do away with all those necessary movements by which the uterus is enabled to accommodate itself to the varying conditions and necessities of neighboring organs, is not only to act in opposition to all sound physiological principles, but to adopt a practice which, apart from its dangers, must be productive of very doubtful advantages."

A number of shorter but highly interesting papers follow, some of which are on gout of the uterus, position of the patient for

tapping in ovarian dropsy, injection of iodine into ovarian cysts, ovariotomy, its justification, amenorrhœa from imperfect development of the uterus, dilatation and incision of the cervix uteri in dysmenorrhœa, direct application of remedies to the cavity of the uterus, spurious pregnancy, and alleged infecundity of females born co twins with males.

In regard to this latter question he closes his paper with the following remarks:

"The whole inquiry detailed in the few preceding pages forms an apt illustration of an old remark, that in medicine it often requires a much greater extent of observation and research to disprove satisfactorily an alleged and accredited fact, than was ever expended, either upon the original development or subsequent confirmation of it. In the present instance, the results have turned out to be perfectly contradictory of the opinion which I, in common with others, held regarding the infecundity of the female in double sexed twins, when I commenced looking into the subject; and instead of finding my preconceived ideas confirmed by the investigation, they have on the other hand, been completely confuted by it. For the data that I have adduced do, so far as they go, evidently prove—

"1. That, in the human subject, females born co-twin with males are, when married, as likely to have children as any other females belonging to the general community.

"2. That, when they are married and become mothers, they are, in respect to the number of their children, as productive as other females.

"3. That the same law of the fecundity of the female in opposite sexed twins seems to hold good among all our uniparous domestic animals, with the exception of the *cow* alone.

"Indeed, the strong confirmatory evidence which the preceding inquiry affords of this last exceptional point constitutes one of its most interesting results. For certainly it cannot but be considered as an extraordinary circumstance, that, in the cow, the twin existence in utero of a male along with a female should, as a general principle, lead—

"1. To so great a degree of malformation as we have described, in the sexual organs, and in the sexual organs only.

"2. That this malformation should be limited entirely to the reproductive organs of the female twin, while those of the male twin are perfectly and fully developed.

"3. That this sexual malformation should, apparently so far as we yet know, occur in the case of twins in the cow only, and in this species of uniparous animal alone. The curiosity of the fact becomes heightened and increased when we recollect that when

the cow has both twins of the same sex, as two males or two females, these animals are always both perfectly formed in their sexual organization, and both capable of propagating. The whole series of circumstances, when considered in conjunction with each other, seems to form, in relation to the origin of malformations, one of the strangest and most inexplicable facts to be met with in the study of anormal development."

This brings us to the second part of the work, embracing the Physiology and pathology of Pregnancy; the first paper treating of the duration of pregnancy, its frequent irregularity, and occasional protraction. Dr. Simpson quotes a number of obstetricians to the point, that pregnancy has a fixed unvarying period, but what that period is the accouchers are not agreed among themselves. Sir Charles Clark assigns 40 weeks, or 280 days, as the duration, while Dr. Gooch places it at 273 to 275 days. Dr. Simpson believes that deviations from the normal period, both in the way of diminution and of excess of time are more common than is generally supposed among the members of the profession at large, and he reports two cases in which the pregnancy exceeded 280 days by several weeks, and shows by tables prepared by Merriman, Murphy, and Reid that it has been frequently protracted to the 295th, 302d, and even the 326th day. Similar tables show that the period varies as much in cows as in the human female. Thus Lord Spencer reports the date of delivery in seven hundred and fifty-four cows in which the date of impregnation had been carefully registered, and of these the period extended to the 302d and 321st day. M. Tessier had previously made five hundred and seventy-two observations of a similar kind upon the same animal, and with corresponding results. The result of the whole is that the period varies, both in the cow and the human female, from the 37th to the 44th week, and upwards. The protraction in some cases is habitual, the woman going regularly beyond her time, and in other instances it seems to be hereditary, the daughter inheriting the peculiarity of the mother.

Why parturition should take place with certainty at a given period, while dentition, puberty, menstruation, etc., are known to vary so greatly, no one has attempted to explain. The same irregularity ought to be expected in this process that is acknowledged to prevail in the others. Dr. Simpson assigns a cause for

parturition which strikes us as more satisfactory than any hitherto proposed. He ascribes it to "changes going on, or rather accomplished, between the uterus and its deciduous lining—which changes lead to parturition, when they have proceeded so far as to effect the necessary amount of disintegration and separation between the relatively attached surfaces of the uterus and decidua." These changes he deems to be "of a nature analogous to the so-called fatty degeneration, which occurs in effete and worn out structures in other parts of the body." The time of this degeneration will vary in different individuals and under different circumstances, and hence the irregularity of the period of utero-gestation, as exhibited by the tables of Merriman, Murphy, Reid, Spencer, and Tessier.

In several succeeding papers, in Part III. of his Contributions, Dr. Simpson treats of the mechanism of natural labor, uterine inertia as a cause of tedious labor, and galvanism as a means of increasing the parturient contractions of the uterus. As the result of numerous trials with this agent, he concludes that galvanism has no efficacy as a stimulant to the expulsive action of the uterus.

In his next paper Dr. Simpson shows that the sex of the child exerts a manifest influence upon the mortality of mother and child. His conclusions, drawn from extended researches, may be stated in the following propositions:—

1. Of the mothers that die under parturition and its immediate consequences, a much greater proportion have given birth to male than female children.

2. Among labors presenting morbid complications and difficulties, the child is much oftener male than female.

3. Among the children of the mothers that die from labor or its consequences, a larger proportion of those that are still-born are male than female; and on the contrary, of those that are born alive, a larger proportion are female than male.

4. Of still-born children a larger proportion are male than female.

5. Of the children that die during the actual progress of parturition, the number of males is much greater than the number of females.

6. Of those children that are born alive, more males than females are seen to suffer from the morbid states and injuries resulting from parturition.

7. More male than female children die in the earliest periods infancy; and the disproportion between the mortality of the two sexes gradually diminishes from birth onwards till sometime subsequently to it.

8. Of the children that die in utero, and before the commencement of labor, as large a proportion are female as male.

9. In "laborious labors," with the head presenting in proportion as the order of labor rises in difficulty, the amount of male births in them rises in number.

10. Of the morbid accidents that are liable to happen in connection with the third stage of labor, as many take place with female as with male births.

11. More dangers and deaths occur both to mothers and children in first than in subsequent labors.

12. The average duration of labor is longer with male than with female children.

He concludes from all the calculations he has made, that "there have been lost in Great Britain during a period of a little more than seven years, as a consequence of the slightly larger size of the male than of the female head at birth, about 50,000 lives including those of about 46,000 or 47,000 infants, and of between 3,000 and 4,000 mothers who have died in child-birth."

We pass over two elaborate papers, one on the irregularities of head presentations, the other on the treatment of face presentations, as also over some shorter articles, to notice his memoir on turning as a substitute for craniotomy. Dr. Simpson sums up thus the advantages which, in regard to the mechanism of labor, are, in the contracted states of the pelvic brim, obtained by the child passing as a footling instead of as a cephalic presentation:—

"1. The fœtal cranium is of a conical form, enlarging from below upwards, and when the child passes as a footling presentation, the lower and narrower part of the cone-shaped head is generally quite small enough to enter and engage in the contracted pelvic brim.

"2. The hold which we have of the protruded body of the child, after its extremities and trunk are born, gives us the power

of employing so much extractive force and traction at the engaged fœtal head, as to make the elastic sides of the upper and broader portion of the cone (viz: the bi-parietal diameter of the cranium) become compressed, and, if necessary, indented, between the opposite parts of the contracted pelvic brim, to such a degree as to allow the transit of the entire volume of the head.

"3. The head in being dragged downwards into the distorted pelvis, generally arranges itself, or may be artificially adjusted, so that its narrow bi-temporal, instead of its bi-parietal, diameter, becomes engaged in the most contracted diameter of the pelvic brim.

"4. The arch of the cranium or head is more readily compressed to the flattened form and size required for its passage through a contracted brim, by having the compressing power applied, as in footling presentations and extraction, directly to its sides or lateral surfaces, than by having it applied, as in cephalic presentations, partly to the lateral and partly to the upper surfaces of the arch.

"Lastly, I may add, as a result of the whole mechanism, that the *duration* of the efforts and sufferings of the mother is greatly abridged by turning, when used as an alternative for craniotomy and the long forceps, and that thereby her chances of recovery and safety are increased But as this is in itself a matter of the highest moment, in reference to the whole question of the proposed practice, we shall devote a special section to the consideration of it."

In cases where the pelvis is somewhat too small, or the fœtal head somewhat too large, to allow the infant to pass by the unaided efforts of nature, or even with the assistance of the long forceps, if that instrument is had recourse to—the cases in which Dr. S. recommends turning instead of craniotomy—the following are the advantages gained by the procedure:—

"1. It substitutes the delivery of the infant by the hand of the accoucheur, for its delivery by formidable steel instruments. And, certainly, the avoidance of instruments is, as a general principle, desirable when it is possible.

"2. The transit of the cone-shaped head of the child through a somewhat narrow brim is facilitated by the narrow end of the cone (or bi-mastoid diameter of the head) being made to enter and engage first in the contracted brim; and the hold which we obtain of the extruded body of the child enables us to employ so much extractive force upon the engaged fœtal head, as to make the elastic sides of the upper and broader portion of the cone (or bi parietal diameter of the cranium) to become compressed, and if necessary indented, between the sides of the contracted brim.

"3. When the child is brought down footling, we have far more power than when the spherical arch of the cranium presents, of manually adapting and adjusting, when necessary, the shape of the head to the shape of the contracted brim; the rounded form of the cranium not affording us any sufficient hold and purchase for this purpose in cranial presentations.

"4. The *lateral* and very *temporary* compression of the fœtal head by the contracted sides of the pelvis, such as we can produce and effect on artificial turning and contraction, is less dangerous to the life of the child than its *oblique* or longitudinal compression with the long forceps, or by the *long* impaction of the head itself in the contracted brim.

"5. In cases where the narrowness is greater, and such as to produce a depression or indentation in the elastic and flexible cranium of the child, still this transient depression, or indentation, is not necessarily destructive to life, as the perforation of the head in craniotomy. Children often revive and recover when born with the head much distorted and even indented. See, for example, the child in Case II., and other similar instances recorded by Smellie, Denman, Velpeau, Duges, Jacquemier, Radford, etc., etc.

"6. On these accounts the operation of turning affords a fair chance of life to the child, while craniotomy affords none. And even when the turning and extraction require some considerable time for their performance, the resulting temporary asphyxia of the child is not necessarily so deep and fatal but that the infant may be revived by appropriate measures applied after birth. I can, for one, state that in these cases, and in instances of common footling and turning cases, I have been repeatedly astonished at the viability of the infant after traction had been applied to it, both so strong in degree and so long in duration as to leave apparently little hope of its survival; and I have heard other practitioners make the same remark as the result of their experience.

"7. The operation of turning, under the circumstances we speak of, will, I believe, be found also to be more safe to the life of the mother than the operation of craniotomy. In every instance the operation of craniotomy is necessarily fatal to the infant; but in a very large proportion also, this operation is fatal to the mother. The statistical results collected by Dr. Churchill and others show that craniotomy is fatal to the mother in about 1 in every 5 cases in which it is performed; while turning does not generally prove fatal in above 1 in every 15 or 16 patients, even including complicated cases. Besides, it affords this great source of safety to the mother, that, *cæteris paribus*, delivery by turning can be, and is, as a general rule, adopted far earlier in the labor than delivery by craniotomy; and in proportion as it is practised earlier, so far also will it be practised with greater safety and

greater success—the maternal mortality attendant upon parturition, whether natural or operative, increasing always in a ratio progressive with the increased duration of the labor."

The only other memoir that we have room to notice is one of the ablest in the volume—the paper on the extraction of the placenta before the child in cases of placental presentation, which he begins with a consideration of the dangers of such presentations as evinced by statistics, and with a statement of the opinions of authors on the subject. The ground on which Dr. Simpson rests the propriety of extracting the placenta before the child in these alarming cases may be briefly stated to be, that when the placenta is separated completely the hemorrhage is less than where there is only a partial separation, and is, in fact, exceedingly slight and trifling. In proof of this position he relates numerous cases in which the placenta was expelled before the child without the occurrence of hemorrhage, and constructs a table of 141 cases in which the expulsion of the placenta preceded the birth of the child with but a slight loss of blood in a great majority of instances. He sums up the results of his analysis of these cases in the following propositions:—

"1. The complete separation and expulsion of the placenta before the child, in cases of unavoidable hemorrhage, is not so rare an occurrence as accoucheurs appear generally to believe.

"2. It is not by any means so serious and dangerous a complication as might *à priori* be supposed.

"3. In nineteen out of twenty cases in which it has happened, the attendant hemorrhage has either been at once altogether arrested, or it has become so much diminished as not to be afterwards alarming.

"4. The presence or absence of flooding after the complete separation of the placenta, does not seem in any degree to be regulated by the duration of time intervening between the detachment of the placenta and the birth of the child.

"5. In ten out of one hundred and forty-one cases, or in one out of fourteen, the mother died after the complete expulsion or extraction of the placenta before the child.

"6. In seven or eight out of these ten casualities, the death of the mother seems to have had no connection with the complete detachment of the placenta, or with results arising directly from it, and if we do admit the three remaining cases, which are doubtful, as leading by this occurrence to a fatal termination, they would still only constitute a mortality from this complication, of

three in one hundred and forty-one, or of about one in forty-seven cases.

"7. On the other hand, under the present established rules of practice, one hundred and eighty mothers died in six hundred and fifty-four placental presentations, or nearly one in three."

We quote Dr. S.'s remarks on what he regards as the cause of the cessation of the hemorrhage under such circumstances:—

"If the explanation which I have above given of the source of the hemorrhage in partial detachment of the placenta, be true—namely, that it proceeds principally, if not entirely, from the maternal vascular cells belonging to the separated portion of the organ being still, more or less freely, supplied through the utero-placental vessels of the adhering portion—we can further easily understand how it occurs that the attendant hemorrhage is immed ately moderated, or entirely arrested, when the placenta is once thoroughly and perfectly separated from the interior of the uterus, as in the class of cases which form the subject of the present memoir. If the flooding proceeds, as I have endeavored to show, from the detached and exposed surface of the placenta, and not from the detached and exposed surface of the uterus, the placenta must cease to yield any new or additional quantity of maternal blood, as soon as its own vascular connections with the mother are destroyed; or, in other words, the immediate source of supply of the hemorrhage is cut off, and its continuance consequently prevented, as soon as the placenta is entirely separated from the interior of the uterus.

"Besides the preceding *anatomical* considerations, we must take some important *physiological* points into consideration, in investigating the mechanism of the complete cessation of unavoidable hemorrhage upon the complete separation of the placenta. The uterus, during pregnancy, has, like other organs under high vital periodic activity, both its arteries and veins, but especially the latter, enormously enlarged. The immediate and final object of this great enlargement is to supply the necessary materials for nourishment and respiration to the included fœtus. The medium through which these materials are supplied to the fœtus is the placenta; and the maternal cells of that organ form the more immediate locality in which they are transmitted from the maternal to the fœtal system. We have already stated that these maternal placental cells are merely dilated capillaries, inasmuch as they constitute the only vascular connection between the terminations of the utero-placental arteries and the origins of the utero-placental veins. The capillaries, especially of those parts and organs which are liable to periodic excesses of action, an increased determination of blood to themselves and their corresponding arteries and veins, and that quite independently of

any change whatever in the central organ of the circulation.* This seems to hold true to a great and remarkable degree with regard to the maternal form of capillary circulation carried on in the placenta, in consequence of the great and remarkable functions which this temporary portion of capillary circulation is destined to perform. And if the organic relations of the placenta to the uterus are disturbed, the resulting deviations are equally striking. If the placenta is only partially detached, the 'attractive' power of the maternal circulation in the organ is, with the other moving powers of the blood, generally sufficient to keep the cells of the detached, as well as those of the adherent portion, filled with blood; and at the same time the circulation in the uterine arteries and veins in the immediate neighborhood continues to be more or less vigorously maintained, in consequence of their contiguity to the free tide of communication that is carried on between the uterine vessels, and the part of the placenta that still remains affixed. Hence, probably, even the orifices of the congested and enlarged uterine veins opening on the interior of the uterus, and lying near the existing line of junction between the uterus and the placenta, may occasionally allow of some discharge, in addition to the freer form of flooding that we have seen to take place from the more patulous apertures left on the exposed surface of the placenta itself. But separate entirely and completely the placenta from the uterus, and then you at once alter the course—as you have at once removed the great physiological aim and object—of utero-placental circulation. The blood in the uterine vessels being now no longer attracted by the maternal capillary system of the placenta, and so far the *distributive* influence of that system being completely and suddenly abrogated, there is not only a less absolute tide of blood determined towards the uterus, but that which is contained in its vessels seeks the freest and most potent course backward to the heart through the higher and larger communicating branches between the uterine arteries and veins. The placental capillary influence no longer *turns aside* from these channels, the direct and onward course of the circulating current into its own set of special uterine vessels. These special vessels, now that their function is arrested, are comparatively empty of blood, and their collapsing or collapsed sides may serve to keep the general vascular current in its proper canals; for the hemorrhage, if any, is from venous orifices, and hence easily repressed by slight impediments; and we shall afterwards see that it is not a direct discharge, but arises from retrogression or regurgitation of the blood in the venous tubes."

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* "The capillaries possess a distributive power over the blood, so as at least to regulate the local circulation, independently of the central organ, in obedience to the necessities of each part."—See note in Mr. Palmer's admirable edition of the Works of John Hunter, vol. iii., p. 332.

Dr. Simpson would not be understood as recommending this practice in all cases of placenta praevia. On the contrary, there are cases in which the patient may be safely left to nature after a partial separation of the placenta; as where the hemorrhage is slight, or ceases spontaneously; but such cases, Dr. S. thinks, are rare. The only other modes of affording relief in such circumstances are the evacuation of the liquor amnii, or the artificial extraction of the child. When they are inapplicable or unavailing the artificial separation of the placenta must be resorted to when the combination of circumstances is as follows:—

"The hemorrhage is so great as to show the necessity of interference, and is not restrained or restrainable by milder measures, such as the evacuation of the liquor amnii; but, at the same time, turning, or any other mode of immediate and forcible delivery of the child, is especially hazardous or impractiable, in consequence of the undilated or undeveloped state of the os uteri, the contraction of the pelvic passages, etc. Or, again, the death, prematurity, or non-viability of the infant, may not require us to adopt modes of delivery for its sake, that are accompanied (as turning is) with much peril to the mother, provided we have a simpler and safer means, such as the detachment of the placenta, for at once commanding and restraining the hemorrhage, and guarding the life of the parent against the dangers of its continuance. Hence, as I have elsewhere stated, I believe that the suppression of the flooding by the total detachment of the placenta will be found the proper line of practice in severe cases of unavoidable hemorrhage, complicated with an os uteri so insufficiently dilated and undilatable as not to allow of version being performed with perfect safety to the mother: therefore, in most primiparæ; in many cases in which placental presentations are, as very often happens, connected with premature labor and imperfect development of the cervix and os uteri; in labors supevening earlier than the seventh month; when the uterus is too contracted to allow of turning; when the pelvis or passages of the mother are organically contracted; when the child is dead; when it is premature and not viable; and where the mother is in such an extreme state of exhaustion as to be unable, without immediate peril of life, to be submitted to the shock and dangers of turning, or forcible delivery of the infant. This enumeration is far from comprehending all the forms of placental presentations that are met with in practice; but it certainly includes a considerable proportion of the cases of this obstetric complication, and among them all, or almost all, of the most dangerous and most difficult varieties of unavoidable hemorrhage. In adopting the practice, one error,

which I would strongly protest against, has been committed in some instances. Besides completely detaching and extracting the placenta, the child has subsequently been extracted by direct operative interference. If the hemorrhage ceases, as it usually does, upon the placenta being completely separated, the expulsion of the child should be subsequently left to nature, unless it present preternaturally, or the labor afterwards show any kind of complication which of itself would require operative interference under any other circumstances. Both to detach the placenta and extract the child would be hazarding a double instead of a single operation."

In taking leave of this work, so tasteful and pleasing in its appearance, we need hardly, after the numerous extracts we have given, reiterate the very favorable opinion which we expressed at the outset of its scientific and literary merits. It abounds in matter of the deepest interest to the practitioner, and is written in a style at once forcible, scholarly, and clear. How high soever the estimate in which the reader may have held the professional learning, ingenuity, and ability of the author, we venture to say that that estimate will be raised by the perusal of these Memoirs. It is a work which is sure to find its way into the libraries of most of our readers, and to become one of the standard works of the profession. The publishers have executed their part of the enterprize in a manner worthy of the high scientific character of the volume.

ART. VI.—*Elements of Medicine: A Compendium View of Pathology and Therapeutics; or, the History and Treatment of Diseases.* By SAMUEL HENRY DICKSON, M. D., LL. D., Professor of the Institutes and Practice of Physic in the Medical College of the State of South Carolina. 8vo. pp. 752. Philadelphia: Blanchard & Lea. 1855.

Prof. Dickson, the author of the above work, has long occupied a very prominent position in the profession of this country. For thirty years, as he informs us in the preface, he has been a teacher

of medicine, and a student for more than forty. He has prepared and published many manuals or text-books for those in attendance upon his lectures; and in addition has written and printed several volumes upon medical subjects in general. The "Elements of Medicine" are the product of a careful collection of what has been regarded most valuable in both, with such matter as continued study and enlarged experience have enabled him to add.

The work is divided into two parts, the first being devoted to General Pathology, and the second to Pathology and Therapeutics. Under the head of General Pathology, the Nature, Etiology, Seats, Phenomena, and Tendency of Diseases, are discussed at considerable length. This portion of the Elements abounds in interesting facts, and is, in our opinion, the more valuable half of the book. We feel obliged, however, to say just here that this contains statements which are not in accordance with the views of many of the best minds of the profession, and a number of paragraphs devoted to speculation and disputation which we think might have been omitted altogether without loss, or the space they occupy given with advantage to pathology proper and therapeutics. In order that we may do entire justice to our subject, we may substantiate at least the greater part of what is contained in the paragraph just written by Dr. Dickson's own testimony. "The *tendency*," he says, "of all the various forms of *disease* is essentially and in their own nature to death; death either of a part or of the whole body, according as the morbid affection has been general or local." Our author thinks that this opinion is likely to startle the believers in the ancient doctrine of the *vis medicatrix naturæ*—and we agree with him. The multiplied forms of disease are but the common result of certain causes or circumstances which when brought into contact with the animal body obstruct its regular and natural actions. The removal, or change or cessation of these causes is, according to Prof. Dickson, entirely adequate to the explanation of recovery from any morbid state whether general or local without its being necessary to resort to the theory of the curative forces of nature.

Fortunately these causative agencies are often transient in their application, influence, and effects, or are removed by some change of circumstances; and ceasing to act, the disease produced by

them necessarily comes to an end, and the train of natural and healthy movement goes on again; but if the influence of these causes continues permanent, the disease will continue. Disease is not "the product of any spontaneous action of any organ or system of parts, or of any of the vital forces or causes; neither can any separate natural provision be shown to be made for its removal or arrest, and most surely not, as has been imagined, by the very processes in which it consists."

The natural tendency of disease being stated, the reason why its termination is not uniform is found in the fact that the cause which produces it is not uniform. This cause, for instance, "is originally somewhat less than mortal in its intensity, or its force undergoes diminution; the excitability on which it first acted wears out; the predisposition to which it was adapted is altered in some mode; the system becomes habituated and thus callous to its irritation—as a ball will sometimes remain quietly lodged in a part which it had inflamed severely; owing to some one or more of these conditions, all amounting virtually to a removal of the cause of disease, it comes to an end (*causa sublata tollitur effectus*) before its natural tendencies are manifested in their ultimate result—before either death or disorganization has occurred. It is thus we explain the apparently spontaneous restoration of health every day met with, and so apt to be attributed to the *vis medicatrix*—the restorative energies of the constitution." And Dr. Dickson acts upon his theory by refusing to trust to the capacity for resistance in a disordered and deranged system. He holds that "the office of the physician is to remove, if possible, the source of evil; to counteract its influences, and to diminish their intensity by every means in his power; to subdue the predisposing excitability upon which it is fitted to act, and has acted; to change by revulsive interference the determination of its agency, and save a vital organ or a delicate portion of the animal structure, by derivation to a stronger or less important part."

But we cannot dwell longer on this portion of the Elements. The chapter on Fevers is one of the best in the work, and fully sustains the reputation of the distinguished author We are sorry that we cannot use the same terms in regard to the section devoted to Diseases of the Respiratory System. It is in this section

that Dr. Dickson's work is most unsatisfactory. Describing the physical signs of bronchitis—which disease in its acute form occupies but little over a page of the work—he says: "Resonance upon percussion is dull, and the respiratory murmur is impaired very generally over the chest." Surely Dr. Dickson did not intend to say that, as a general rule, there was dullness on percussion in bronchitis. He must know that the percussion-sound, as a rule, is not impaired in clearness, and may even be a little raised above the pitch of health. In view of the turgescence and thickening of the mucous membrane being among the more prominent of the anatomical features of the disease, the usual clearness of resonance is, it will be admitted, a matter of no little surprise. But it is not the less a fact, and a most important one it is. Nor is *impaired* the word which correctly and best describes the change on the part of the respiratory murmurs in this affection. For while these are weakened—and only in so far impaired—occasionally, even suppressed, in the tissue about the inflamed tubes, they are exaggerated on its confines and elsewhere—hence especially so in the upper parts of the chest. No mention is made of either the sonorous, sibilant, or mucous ronchi.

The diagnosis of chronic bronchitis is disposed of as follows:—

"The distinction between chronic bronchitis and tubercular phthisis is often difficult. In the latter there is less crepitus or râle, less soreness of the trachea and thorax, more tendency generally to hemoptysis, and less expectoration in the early stages. In their advanced progress we can draw no line between them except their previous history."

Dr. Dickson says in his preface, that while "it was necessary that the book should be as compendious as possible, it was also absolutely necessary that nothing essential to a fair development of the whole subject attempted should be left out." We certainly have no fault to find with the compendious character of the above description of chronic bronchitis. The most impatient student when hardest pressed for time could hardly, we think, fail to be satisfied with its brevity. But short as it is, we may ask is it free from errors? Walshe states that the physical signs of chronic bronchitis are in the main those of the acute disease, and surely these do not so closely resemble those of pulmonary consumption that no line can be drawn between them. If our expe-

rience or reading is to go for anything, the only form of this affection in which any great difficulty in distinguishing it from tubercle is likely to arise, is in that condition familiarly known as *dilatation of the bronchi*. This state, but little dissimilar to that of phthisis, may coexist with physical signs, so resembling those of a cavern, that it is sometimes impossible to affirm whether a given case be one of tubercle with excavation, or one of globularly-dilated bronchus with surrounding consolidation. Louis, in his work on Phthisis, reports a case of this kind. According to the best authorities on chest disease, it is, however, only this form of bronchitis, or the compound state where bronchial dilatation and tuberculous excavation coexist—both of which conditions are very seldom seen—that are beyond the reach of diagnosis.

Pleuritis, which is only considered in its acute form, is described by Prof. D. as coming "on with sharp pain in the thorax." Are not most attacks of pleurisy observed to commence with rigors, these being actually the first symptom, and precede the "stitch in the side" in many cases by some hours or even days? "Fever soon supervenes, with quick, frequent, hard, and full pulse; the skin is hot and dry, and cough comes on," etc. No one will deny that the general symptoms of acute pleurisy are those of a febrile inflammation. The pulse, as Dr. Dickson remarks, is quick and frequent; but are there not a great many cases in which it is not hard? The skin is hot but not burningly so, even at the outset, and at the period of effusion, according to Walshe, it nearly always becomes moist.

In relation to the prognosis of this affection, our author states that "in *general* it is a manageable disease, attended with little danger, if the patient is seen *early*." [The italics are our own.] We understand his remarks to apply to pure, primary, idiopathic pleurisy. Now death is so rare a result of this kind of pleurisy with or without effusion, when occurring in individuals free from organic complications, that Walshe and Louis affirm they have never lost a patient from it nor known an occurrence of the kind in the practice of others.

Pneumonia is the next disease in order. The physical signs of this affection our author regards of "great importance to be

attended to," and yet they are allowed to occupy but eleven lines. We do not complain of the succinctness of the description, but we must be allowed to call attention to at least one grave error found in the following lines: "When purulent matter is spit up, we hear the mucous râle, or a gurgling; there is restored resonance on percussion, if a cativity is formed pectoriloquy will show itself." We will not stop to discuss the question of the number of cases in which this mucous râle is never heard, and yet which unquestionably are examples of pulmonary suppuration, but will merely ask, did any reader of this article ever know the percussion sound to become normal over the seat of the disease during the progress of interstitial suppuration of the lung? "Restored resonance on percussion" is at no time a mark of pneumonic suppuration. There are only two conditions of the lung in pneumonia in which the sputa are purulent; these are intestinal suppuration where the suppurating points communicate with the bronchi, and pulmonary abscess, of which the contents are more or less completely evacuated. In the former of these states the physical signs are in the main those of red hepatization—dullness upon percussion being seldom wanting. In the latter, the percussion-sound is dull, and the parietal resistance marked; though in rare cases the resonance is tubular, amphoric, or cracked-metal. Pectoriloquy will show itself only when the abscess is superficially situated and empty. In the case of an abscess, with its contents retained, there are no signs of an absolutely distinctive kind. The vocal resonance may be strongly broncophonic, nothing more, and this might have existed long before the formation of an abscess.

Concerning the manner in which our author treats diseases we do not think it necessary to express an opinion. Dr. Dickson is a man of very extensive observation; he is reputed to be a gentleman of nice discrimination and excellent judgment, and in his native State and throughout the South is esteemed one of our best practitioners. What he has written on therapeutics is, of course, the result of his experience which has been ample. Remembering what his tenets are relative to the tendency of disease, it is easy to foresee what would be the general character of his medication. The stress which he lays upon blood-letting in the

treatment of pneumonia is so widely opposed to the prevailing professional sentiment in the South on this subject that we will quote that portion of his remarks which refer to the lancet:—

"Venesection is a remedy specially adapted to the contingencies of this formidable disease, as it usually presents itself; whose importance is scarcely exaggerated by Bouillaud, greatly underrated by Louis, and by no means sufficiently dwelt on even by Bartlett, in his elegant *Essay on the Certainty of Medicine.* In the early stages—in the first, second, third, or perhaps the fourth day, it can scarcely ever be proper to omit it. . . . . The breath should be more freely drawn, the pain should be lessened, or the pulse brought down nearly to the point of syncope before the arm is tied up. If the subject be young and robust, the bleeding may be repeated as soon as the pain or dyspnœa return, perhaps twice or thrice in the twenty-four hours. I am surprised at the hesitating manner in which a large proportion of modern writers speak of the effect of this measure. I am very confident that I have many times thus arrested the disease in its forming stage, and that my patient has at once begun to convalesce. This, however, will only happen when he is seen within the first few hours. . . . . But at any period while there is pain and dyspnœa, with good pulse and strength, the lancet may be employed with advantage. It gives almost unfailing relief in greater or less degree, and is highly useful too in preparing the system to receive the benefit of the farther necessary treatment. I need not say that cases are met with in which it would certainly do more harm than good. In advanced life or early infancy, in greatly debilitated subjects, when time has been lost and the strength impaired, when the associate fever is of low type, or the case is secondary, and the subject exhausted by previous disease, it must be abstained from."

For the treatment by emetic tartar our author prefers "to substitute other sedatives, relaxants, and diaphoretics, whose action is less irritating and safer." To eight ounces of a strong infusion of serpentaria or seneka, he adds one drachm of ipecac and thirty drops of laudanum. Of this mixture he directs the patient to take a tablespoonful every half hour till nausea is produced. Whatever we in this latitude may think of our author's heroism in the abstraction of blood, we can but allow that he is very mild with opium. Two drops of laudanum every half hour is gentle enough for the gentlest. In another paragraph, however, he thus speaks of the great hypnotic remedy:—

"Opium is a remedy which I am never able to dispense with. From the very beginning, I prescribe it in free doses at night, giving to an adult, of Dover's powder from ten to fifteen grains at bedtime, to be repeated at midnight if restless. Throughout the day I combine it in smaller quantity with whatever other recipe he is taking. It is our best demulcent, diaphoretic, sedative, and tranquilizer. It is contraindicated only in the rare complications of cerebral disorder and congestion."

Our author is persuaded that he has seen the veratrum-viride, as he has seen the lancet, cut short the disease abruptly and cause it to abort. Of this we think from the assurances that we have received from many quarters there can be but little doubt. We ourselves have known the veratrum to exert the most powerful influence upon pneumonic congestion.

Chronic pneumonia—*apostematous phthisis*—is next considered, and we are obliged to say in not a very satisfactory manner. Chronic pneumonia is *not* a frequent sequel of the acute disease, is rare as a primary disease, and is common only as a local complication in tubercle, cancer, and other adventitious products in the lung. Chronic pneumonia, properly so called, manifests no tendency to softening. These, at least, are the views of the best writers on pulmonary diseases, and differ in every respect from those expressed by our author. We very much doubt whether the chronic pneumonia described by Dr. Dickson ever supervenes upon asthma, catarrhal fever, or bronchitis. And since this disease, either in the form described by writers on lesions of the respiratory organs, or as (we must think incorrectly) delineated by our author, is an exceedingly rare affection, would it not have been better to have omitted all mention of this form of pneumonia and described the inter-current variety—the importance of which cannot easily be exaggerated—and which, in truth, constitutes the bulk of the cases of this affection which are encountered in practice?

The prognosis, our author states, is "rather unfavorable." Is it not, on the contrary, exceedingly so? "The duration varies from a few weeks to as many months; in the former contingency it is spoken of by the vulgar as a 'galloping consumption.'" We regret being obliged so often to take issue with our author, but we cannot allow so obvious an error as is contained in the lattter part

of the above sentence to go unnoticed. Is it true that the vulgar call that form of chronic pneumonia which terminates acutely, "galloping consumption?" Acute phthisis, we admit, is not at all unlike pneumonia in many respects. But acute phthisis is *not* chronic pneumonia, though the latter disease were to end fatally in three weeks. Chronic pneumonia and galloping consumption are by no means convertible terms.

Tubercular phthisis is next treated of. Quoting from Theophilus Thompson our author says: "The wavy inspiration probably indicates the presence of some deposit of impaired vitality." . . . "Walshe lays the same stress upon the prolongation of the expiratory murmur." Prof. Dickson is mistaken in respect to the sentiments of the latter; the following is the language held by Dr. Walshe in regard to this sign: "Prolonged expiration, if unattended with alteration of quality, is insignificant; under such conditions it is in all probability a normal state: and even coupled with slight harshness and coarseness of quality, it must be cautiously received as evidence in females, and at the right side."

Again, Dr. Dickson, speaking of the physical signs of the first stage of phthisis—and to this entire subject he devotes but ten lines—says "there may be dullness just under the clavicle on percussion." We submit that the language used by our author does not convey anything like a proper idea of the percussion sound in the first stage of tubercular phthisis. Again: "When softening occurs, the surrounding inflammation consolidates the tissue, and we have loss of vesicular murmur and morbid dullness." And is this all? Is there no dullness of percussion till softening sets in? Is there no loss of vesicular sound till inflammation solidifies the surrounding lung substance? Is not the respiratory murmur often deficient, nay, wholly absent, in many instances before suppuration occurs? Do not both the percussion and vesicular sounds frequently present the characters just attributed to them in the first stage of phthisis—a period wholly distinct and separate from that described by our author? It must be admitted that they do.

Once more and we have done with the ungracious task of pointing out errors, some of which, we are sure, must have

occurred through inadvertence: "When a vomica is formed, and a cavity is more or less emptied, we have resonance and pectoriloquy; to which are added the metallic tinkling, and when the cavity grows large, amphoric resonance." This is far from being clear, and is not quite correct. It is only where a considerable stratum of healthy parenchyma lies between the excavation and walls of the chest that resonance on percussion will be elicited over tuberculous cavities; and even here the blows must be gentle. Strong percussion will yield moderate dullness in spite of the intervention of a very great amount of normal vesicular structure. And, on the other hand, if the cavity be small, and surrounded by much consolidation, the percussion sound will be absolutely dull, or even tubular. Or, again, should there be several small excavations with indurated lung-substance existing between, percussion is unquestionably dull, to say nothing more.

Auscultators are almost uniformly agreed that there are no physical phenomena so fallacious as those furnished by the voice; and of all forms of vocal resonance none are so unreliable as pectoriloquy. From the position which it occupies in the quotation just made, we might infer that our author attaches to it a very different significance. The true value of this change on the part of the voice is indeed singularly trifling. In cavities in the lungs the voice may be either natural, weak, null, amphoric, broncophonic, or pectoriloquous. We have always been taught, and our experience at the bed-side has confirmed the opinion, that if there be any voice sound which can take rank as distinctive of an excavation the only one is *whispering* pectoriloquy; and cavities may exist without even this. No one can have paid much attention to physical diagnosis without having heard broncophony quite as often as pectoriloquy in pulmonary excavations.

But we must bring our notice of Prof. Dickson's 'Elements' to a close. Of very many of the views entertained by the learned author we did not propose in the outset to express an opinion. We have taken issue with him on no point of therapeutics. As a practitioner of large and varied experience, and of the highest reputation in the region of country where he has encountered disease, his views in respect to practice are entitled to great consideration. Where we might have been tempted to differ with him

on these subjects, we have felt that it would not be seemly in us, in Kentucky, to sit in judgment upon the practice of a brother in South Carolina. Climate and habits are elements in the constitution of disease which must not be disregarded. Where we have ventured to find fault with the work, it has been upon points of diagnosis and especially those pertaining to the physical branch of this subject, in regard to which geographical lines exert no influence. In a future edition, which, we are sure will be called for, the distinguished author will undoubtedly remove these blemishes, many of which are evidently the result of oversight.

D. W. Y.

Art. VII.—*The Book of Prescriptions: Containing* 2900 *Prescriptions, collected from the practice of the most eminent physicians and surgeons, English and Foreign. Comprising also a compendious history of the Materia Medica of all countries, alphabetically arranged; and lists of the doses of all official or established preparations.* By Henry Beasley. Philadelphia: Lindsay & Blakiston. 8vo. pp. 369. 1855.

The editor of the above handsome volume has compiled a most comprehensive and yet an entirely portable work, in which both physician and druggist may find, under its appropriate head, almost every remedy in use, and the manner in which it may be best administered, or combined with other remedies, in the treatment of various diseases. A short description of each medicine is given and the whole arranged alphabetically. To both the prescriber and compounder of drugs the Book of Prescriptions can but prove useful. We have already found it a material assistance in many respects relating to the combination of doses of those medicines which have been more recently brought into notice.

D. W. Y.

ART. VIII.—*The Physician's Visiting List, Diary, and Book of Prescriptions, for* 1856. Philad.: Lindsay & Blakiston.

Having once used it one cannot do without it. For sale in this city by Maxwell & Co. D. W. Y.

ART. IX.—*Letters to a Young Physician.* By JAMES JACKSON, M. D., Professor Emeritus of Physic in the University of Cambridge, etc., etc. Boston: 8vo. pp. 344. 1855.

The oldest physician cannot help being pleased and the youngest delightfully instructed while perusing this admirably written volume. We have read it with delight, and so must every one into whose hands it may fall. D. W. Y.

ART. X.—*History of Medicine.* By P. V. RENOUARD, M. D., etc.

Here is a neat, tastefully executed volume, translated by a Cincinnati physician, and published by a Cincinnati house. The publishers have done us the favor to send us a copy of the work. Prof. Comegys has entitled himself to the thanks of his brethren by presenting this admirable history of medicine to them in so pleasing an English dress.

ART. XI.—TODD *on the Nervous System;* JAMESON *on Epidemic Cholera;* BARTON *on the Cause and Prevention of Yellow Fever.*

Restricted now to a few lines of space, all that we can do at present is to acknowledge the receipt of these works—the first from the pen of Dr. Robert Bently Todd, of London, the second the production of an old and esteemed American physician, now no more, and the third the fruit of the observation of one who has been long familiar with the malady of which he writes, and whose voice on the subject is entitled to be heard. In all there is much matter to interest and instruct the medical reader.

Editorial Department.

VALEDICTORY.

With the present number our connection with the *Western Journal of Medicine and Surgery* ceases, and the work, under another name, passes into the hands of other conductors. From the subjoined circular it will be seen that it is to be edited, in future, by Prof. Gross and Dr. T. G. Richardson.

We have been for a good while desirous of retiring from the post of editor, which we felt that we were occupying too long, but never saw our way quite clear till now. It is nearly twenty-five years since Kentucky became our home, and of that time we have been connected twenty-three years with its medical press. In an address delivered by Prof. Drake to the Medical Library Association of Cincinnati, four years ago, our lamented colleague spoke of us as then "the senior Medical Editor of the Interior Valley." Whatever may be the advantages derived from long experience in this line of labor, and we are not disposed to deny or under-value them, they are hardly equivalent to the zeal and ardor with which we naturally enter new enterprises, but which infallibly abate in the progress of years.

When at the request of our colleagues we took charge of the *Transylvania Journal of Medicine and the Associate Sciences*, towards the close of the year 1831, there was but one other medical journal published in the Valley of the Mississippi—the *Western Medical and Physical Journal*, of which this Journal is a continuation. Dr. Drake had anticipated the enterprise at Lexington by a year, and appropriately styled his publication the "*Western* Journal," and adopted for its motto the only representative of medicine as it was in the backwoods, "*E sylvis nuncius.*" But things have greatly changed with us in these five-and-twenty years. Medical journals have started up in most of the States

around us, many of them to struggle on for a little season and then expire, but some of them give promise of becoming permanent. With this great increase of our serials it must be admitted that the necessity which formerly existed for an organ of the profession in these States has ceased to be felt in its original force, but still, we think, all will agree with us, that it is desirable that this by far the oldest journal in the West should be continued. Dating from its origin in Cincinnati, in 1827, it is now in its thirtieth year. It has survived its enterprising, sanguine projector, and is outliving a generation of men.

As we look over the long rows of volumes ranged on our shelves which have issued from the press under our supervision it is with any other feeling than one of pride that we contemplate our labors, and yet it is not without some gratifying assurance that these works have contributed, somewhat, to the diffusion and increase of medical knowledge. Our steady aim has always been, in the direction of the journals of which we have had charge, to advance and elevate our profession, and, by every means in our power, to promote its true interests. We have endeavored to make them representatives of a liberal, enlightened profession, and to avoid everything selfish, narrow, and sectional, remembering that the principles of truth and justice will remain after all our personal bickerings, and heartburnings, and petty interests have passed away and been forgotten. It has been our wish to exclude from our pages everything that is low, and to preserve a purity and dignity of style and manner becoming a learned profession. In the independent discharge of our duties we have sometimes been called upon to rebuke pretension and condemn error, and as a natural consequence have occasionally become involved in unpleasant controversies; but we have sought to conduct our disputes with temperance, and believe our pages have been kept free from personalities. Our relations with our brethren of the press have at all times been harmonious and we part with them all on good terms.

Of those who took a warm interest in the first Western journals of medicine and were the most frequent contributors to them when we became an editor, not one is now engaged in active professional life. Dr. William H. Richardson, who wrote for

some of the earlier numbers of the Transylvania Journal, died in 1845. The Rev. Dr. James Blythe, also an early contributor to that journal, had paid the debt of nature several years before. Dr. Caldwell, the most voluminous of all its contributors, and Dr. Cooke, who was one of its first editors, have followed their colleagues "from sun-shine to the sunless land." Our earliest and most gifted associate in the editorship of this journal, the versatile, ready, active-minded, original Dr. Drake, rests, too, from his labors. Two only remain—the great Surgeon of Lexington, and the *Emeritus* Professor of Materia Medica and Botany in the University of Louisville—passing the evening of their lives in dignified retirement:

> Serus in coelum redeant, diuque
> Laetus intersint populo!

It is with no ordinary feelings of satisfaction that, after these long years of service, we resign our task into the guardianship of editors so able as those by whom it is now to be prosecuted. We need not commend them to our brethren; they are known to all, and by all it will be acknowledged, that they bring to the work every qualification requisite to eminent success. The Journal, under the name, now more appropriate, of the "*Louisville Medical and Surgical Review*," cannot fail to reach a degree of distinction greater than it has yet attained. We not only tender to our successors our best wishes, but pledge them our hearty co-operation. The following is their circular:—

To the Medical Profession:—

The undersigned take this mode of announcing that on the 1st day of May, they will commence editing and publishing a bi-monthly periodical entitled the "*Louisville Medical and Surgical Review*," to be devoted, 1st, To critical and analytical reviews of select medical and surgical works, both old and new; 2d, To original communications, such as essays on special diseases, medical and surgical statistics, brief histories of cases worthy of record, etc.; 3d, To extracts from American and Foreign Journals; and 4th, To the mention of such miscellaneous items of general interest as naturally collect upon an editor's table. In a word, they will endeavor to furnish a journal which shall contain what is practically useful to the largest number of professional men, giving matters of mere curiosity or opinion but slight consideration; and shall be strictly independent of any school, clique, or

section. For this purpose they have engaged the services of a large number of regular contributors, in different parts of the Union, the mention of whose names will give assurance of an amount of allied editorial talent unsurpassed by any similar publication in the country. They have also established an agency in one of the European cities for the prompt procurement of all the more valuable English, French, and German publications, in order to present their readers with any new facts or suggestions which they may contain, without waiting for the slow process of selection, translation, and republication by Eastern journals.

The editors have undertaken this enteprise as a labor of love—love for the labor and for the glorious profession in which they are actively engaged. They do not expect, nor do they wish to make money by it; but they look to the physicians of the West and South to sustain them against loss.

Each number of the journal will consist of *one hundred and twenty-eight pages;* and will be sent punctually on the first day of every alternate month, to all who pay their subscriptions in advance. The subscription price is three dollars per annum.

All communications, books, pamphlets, etc., addressed to the junior editor, will meet with prompt attention.

S. D. GROSS, M. D.,
Professor of Surgery in the University of Louisville.
T. G. RICHARDSON, M. D.,
Demonstrator of Anatomy in the University of Louisville.

Louisville, Jan., 1856.

LEHMANN'S PHYSIOLOGICAL CHEMISTRY.

The name of Lehmann is familiar to all readers of the modern works on physiology. His researches and opinions are referred to continually on all questions of organic chemistry as of the highest authority, and his work is indispensable to every one who would make himself acquainted with the present state of that interesting science. The publishers, Messrs. Blanchard & Lea, have brought the profession under new obligations to them by affording them an opportunity of securing, at a reasonable price, so valuable a repository of scientific facts.

MEDICAL SOCIETY OF KENTUCKY.

Our Kentucky readers will bear in mind the meeting of the State Medical Society, which is to be held in Frankfort on the first Monday in February. We hope to see a large meeting.

STOKES ON DISEASES OF THE HEART.

We are indebted to the publishers, Messrs. Lindsay & Blakiston, for a copy of this truly practical and excellent work. Our high estimate of its merits has already been expressed. No physician should be without it.

MISCELLANEA.

In the University of Gottengen there are only 165 students of medicine, and in Heidelberg only 122.

Died, at Brighton, Nov. 19, 1855, aged 74, Thomas Copeland, Esq., author of the well-known work "On Some of the Principal Diseases of the Rectum."—At Brussels, M. Berger, Dean of the Accoucheurs of that city, who is said to have delivered 20,000 women.—At Paris, M. Louis Gondret, known by his advocacy of the use of ammoniacal preparations in amaurosis.—At Vienna, in the 64th year of his age, Dr. A. de Rosas, Professor of Opthalmology, and Director of the Opthalmic Clinic of the University. He spent thirty-six years in teaching his speciality.—At Petersburg, Va., J. F. Peebles, one of the editors of the Virginia Medical and Surgical Journal.—At Albany, on the 19th of Nov., in the 65th year of his age, Dr. T. R. Beck, of the Albany Medical College, author of "Beck's Medical Jurisprudence."—On the 8th of October, after a long and painful illness, the celebrated physiologist, François Magendie.—Prof. Johnson, of Durham, a well-known Chemist and writer on scientific subjects.

A Hospital for Sick Children has been opened in Philadelphia.

The London Hospital for Consumption has received since it was opened in 1846 3,656 in-patients, and 29,265 out-patients.

Anæsthetics in the Austrian Army.—The Army Medical Officers are ordered, in future, to employ for the purpose of inducing anæsthesia, a mixture consisting of one part chloroform and nine parts ether, this being the proportion long employnd by Dr. Weiger, a Vienna Dentist.

A Consumption Hospital, the first of the kind in the United States, has been recently organized in New York.

D. W. Y.

Record of Medical Science.

Lecture III. *Ramollissement of the Brain, and its Differential Diagnosis from Cerebral Hemorrhage.* By Prof. Trosseau.

The present medical generation believes that remollissement and cerebral hemorrhage are two affections characterized by such well-marked symptoms that it is impossible to confound the one with the other. It is established scholastically that, when an individual, whether predisposed or not, suddenly presents the following morbid phenomena, viz: vertigo, loss of consciousness, and paralysis of one of the sides of the body, he is the subject of hemorrhage, on the side of the nervous center opposite to that on which the paralysis has manifested itself. On the other hand, when vertigo, formication, and cramps have existed for more or less time, and paralysis has been gradually established, the lesion is regarded as a ramollissement. As a general rule this is true, but so frequent are the exceptions, that we are unable to found our recognition of the nature of the lesion either upon the mode of invasion or the order of the succession of the symptoms. Thus, while we may sometimes observe paralysis, gradually established after precursory symptoms, arises from sanguineous apoplexy, in other cases a sudden attack of paralysis may be the consequence of ramollissement, as the case in No. 42 testifies.

This woman, aged 42, went to bed, early in February, quite well, and on waking she found that the left side, and especially the arm, were not so strong as the same parts on the right side. Alarmed, she dressed herself with difficulty, and repaired to a doctor, who bled her. While the blood still flowed the patient lost her consciousness, and when she came to, her left side was found paralyzed, and she had to be carried home. The catamenia, which were some days behind their time, re-appeared on the day of the accident. The symptoms of paralysis gradually diminished, and at the next menstrual epoch only a little numbness remained. On the day the menses re appeared the woman was again suddenly seized with paralysis of the left side, and she was then brought to the Hospital.

The following was her condition on admission. She was of a feeble lymphatico-nervous constitution, having the muscular sys-

tem little developed, and but little *embonpoint*. The left arm hung by her side, the fore-arm was semi-flexed, and the hand in a state of forced pronation, the thumb and fingers being forcibly flexed upon the palm. She could perform no movement with her arm. The leg was less paralyzed than the arm. She could still flex the thigh on the pelvis, and the leg on the thigh, but she could not raise her heel from the bed. All the left side of the face was paralyzed and puffed out, the labial commissure being drawn to the right side, but no deviation occurring to the tongue. The bladder was paralyzed, the catheter being required until death; and the stools came away involuntarily. Sensibility remained unimpaired, and neither vision nor hearing was impaired. Lastly, the understanding was unclouded, the patient relating her history with the greatest clearness.

For some days after her admission the symptoms of paralysis seemed to diminish. She became enabled to execute some movements of the arm, and the urine passed from the catheter with a jet. So she continued until the catamenia re-appeared, when her intellects became enfeebled, and all voluntary motion of the arm or leg was impossible. In the night of the 19th of April these parts were seized with clonic convulsions; the face became red and injected, the pulse full and frequent, and the skin hot and sweating. On the morning of the 20th she was found in the deepest coma, with stertorous breathing. All the right side, the motions of which had, till then, been preserved, was in a complete state of resolution. She died in the night.

Autopsy thirty-six hours after Death.—The membranes of the brain were highly injected, and especially on the right side; and the pia mater was firmly adherent to the brain. In one of the anfractuosities of the middle lobe, in the vicinity of the fissure of Sylvius, a notable quantity of pus was found. The convolutions of the anterior lobe, on the same side, were softened especially at the base, and the cerebral substance was carried away by a stream of water. In the central parts two points of white ramollissement were found, the one in the optic thalamus and the other in the corpus striatum. No where could any hemorrhagic effusion be detected, not even those little sanguineous sugillations which are regarded as indicative of capillary hemorrhage. The color of the cerebrum had undergone no change at the level of the softened points, and the parts exhibited in no wise the yellowish tint attributed to hemorrhagiparous ramollissement.

What ought to be our diagnosis in such a case as this? Would not the following be the classical one? Hemorrhage had taken place in the cerebral substance of the right side, which was renewed at the recurrence of the menstrual epoch. Lastly, in accordance with the ideas established by Lallemand, around this hemorrhagic deposit the cerebral substance became inflamed, thus

explaining the re-actional phenomena which terminated the scene. This was the diagnosis indicated, and the one which, in the great generality of cases, would have proved true. A strong motive for believing in the existence of sanguineous apoplexy was that these accidents occurred every time in the midst of the hemorrhagic molimen of menstruation. I found myself inclined towards the common opinion, although I felt that there were powerful reasons for suspending my judgment—reasons that I derived from the nature of the paralytic accidents themselves. With a most complete hemiplegia as regards movement, the general sensibility, the senses, and the intellect were preserved unimpaired. Now, I remembered to have heard Recamier teach, and I have since observed it to be so myself, that when there is dissonance among the symptoms they are due to ramollissement, while, on the other hand, we must conclude that a hemorrhage exists when there is a consonance in the paralytic phenomena. That which in our case seemed a reason for suspending the judgment, namely, the hemorrhagic molimen that preceded the paralysis, only adds to the force of the distinction laid down by Recamier; and it remains demonstrated, at any rate, that a sudden paralysis of a portion of the body may be the result of a ramollissement.—*London Lancet.*

On the Nature and Treatment of Croup. By Dr. Honerkopf. The chief object of this paper is to call renewed attention to the efficacy of sulphate of copper in the treatment of croup. The little favor it has hitherto met with he believes due to its being considered a poisonous substance, and one, from its irritating nature, ill-suited to an inflammatory disease. As to the first point, he says he has employed it in 90 cases without any ill effects, although he administered 2846 grains, or an average of 31½ grains per case. In 15 cases the average reached 77 grains. One child took in 8 days 216 grains, or a daily average of 27 grains, and another 40 grains per diem for three days. No evil consequences resulted in any case, and convalescence was much more rapidly established than after anti-phlogistic treatment. In treating the poor, who are quite unable to pay for leeches, the economy of this plan is also worth consideration. In the author's cases the duration of the treatment varied from 1½ to 2 days, upon the average.

As to the other point, Dr. Honerkopf reviews the series of symptoms, in order to show that croup is not an inflammatory disease; but here we need not follow him, merely observing that when he states the effusion is pseudo-membrane is no essential feature of croup, and only occurs in about half the cases, that he must include in his 90 cases several that others would characterize as false or spasmodic croup, a far more curable affection. The

great number of cures he met with (77 in 90 cases) also confirms this view. From some trials he has made the author is disposed to believe that small doses of the copper, given for a considerable period to children who are much predisposed to or who have already suffered from croup, may exert some prophylactic effect. As a curative agent he employs it solely, giving of a solution of from 6 to 8 grains in 1 oz. of distilled water, from a tea spoonful to a half or whole table-spoonful. The ease or difficulty with which vomiting is produced regulates the frequency with which the dose must be repeated; for the torpor of the nerves of the stomach increases with the progress of the disease, and the difficulty of producing vomiting becomes a measure of the severity of the affection. While at the beginning, in slight cases, and towards the decline of the disease, small doses of emetics suffice, much larger doses are required when the malady has continued some time, or is very severe; and after a certain point vomiting cannot be produced at all. A dose is given every 10 or 15 minutes, for four, six, or even eight times, till the more violent symptoms are abated, the quantity being regulated by the severity of the case. Occasionally such improvement is observed after the very first dose. The cough is first less troublesome, there are less anguish and dispnœa; and lastly, the croupy sound is exchanged for a mucous râle. The drug is now given in smaller doses every 20 or 30 minutes, and at still longer intervals. In bad cases, if even slight croupy sound remains, it is still continued every 2 hours, as a relapse is to be feared on the next night. It is also desirable that the patient should not be left without the means of meeting a recurrence, even on the second or third night; but a couple of doses will then usually suffice.

If in very bad cases we can scarcely perceive any change in the croupy sound in twelve or more hours, we must not yet despair, for the improvement is often sudden and unexpected. When the other symptoms have improved, but this tone remains, we must never relax, for the enemy only sleeps, and may break out again with renewed vigor. Everything depends upon the energy of the practitioner, who must at first see the doses forced down the child's throat, or they will be neglected, and especially as the child's condition and the friends' carelessness require watching the next evening or two, when relapse is so common. Although vomiting is not the object of the copper, and excited by other means has not like efficacy, it is the measure of its success. How far the remedy has to be carried depends upon the amount of success. A single grain exciting vomiting once or twice may suffice in slight cases, while in others 100 grains producing vomiting from 80 to 100 times may be necessary in others. Sometimes when the excitability of the stomach is quite exhausted, and large doses fail to excite vomiting, this may be roused again by giving 2 grs. of musk every few hours.

We have already said that cases of false croup must have been included among the author's 90; and we may here reproduce M. Guersant's summary of the various forms of angina. He observes that prior to his father's and M. Bretonneau's writings upon the subject, pseudo-membraneous angina, croup, and other affections were confounded together. Those writings and daily practice show that there are five distinct species of angina.

1. *False croup* (stridulous laryngitis) which comes on suddenly and terminates as a cold, not producing false membranes, and being almost always curable.

2. *Pharyngeal diphtheritis* is characterized by false membranes lining the tonsils and pharynx, to which they are usually confined. It is generally curable by caustic applications.

3. *True croup* (pseudo-membraneous largyngitis) is characterized by the development of false membranes in the larynx. These may be formed primarily in and confined to the larynx, or they may spread from the pharynx or trachea. This diphtheritic lesion, which is usually of slowish formation, and sometimes met with more than once in the same subject, is, so to say, localized, and produces death by asphyxia.

4. *General diphtheritis*, angina maligna. The true diphtheritis poison which kills the patient just as glanders kills the horse, is an insideous and contagious disease, and is indicated by great prostration, enlargement of the cervical glands, and deposition of false membranes in the nasal fossæ, the pharynx, sometimes the larynx and bronchi, the vulva, and on blistered surfaces. Neither this disease nor croup causes any gangrenous odor. It does not kill by asphyxia, so that tracheotomy is here contra-indicated. The disease is usually fatal, the patient sinking exhausted, and tonics with cauterization of the surfaces are the only means that offer any hopes of benefit.

5. The *true gangrenous angina* destroys any of the parts it attacks, as the tonsils, the uvula, the velum or pharynx, and may complicate any other angina just as all gangrenes may complicate or terminate all inflammations. This angina is far rarer than any other, is not accompanied at first by false membranes, and always ends fatally.

While on this subject we may notice that M. Marchal de Calvi recently read a paper to the Académie of Sciences, in which he recommends the administration of alkaline carbonates in what he terms *angine couenneuse*, meaning, we suppose, the pharyngeal diphtheritis of M. Guersant's arrangement. He regards it as a general disease localizing itself at certain parts of the mucous membranes, while cauterization acts merely locally, is difficult of performance, and sometimes injurious by reason of the irritation it induces. The most manifest phenomenon in this affection is the excess in the plasticity of the blood, and to this M. Marshal

addresses his attention. He relates a case in which, besides leeching, 15 grains of bicarbonate of soda were given every half hour, the false membrane promptly disappearing.—*Lon. Lancet.*

Fracture of the Spine.—There are two questions which naturally suggest themselves in connection with the treatment of fracture of the spine, with displacement, viz: 1st. Should a reduction of the fracture be attempted? 2d. Should the surgeon, in a case of fracture of the vertebra, followed by displacement and paralysis, proceed to cut through the superincumbent parts at the seat of injury, and endeavor to remove, as has been proposed, any portion of the bone which he may find compressing the spinal cord, and thus treat the case on the same principle as he would a depressed fracture of the skull, accompanied by symptoms of compression of the brain? With regard to the first question, all authorities of weight are, with very few exceptions, agreed on the danger and impropriety of attempting reduction, when the fracture is situated in either the cervical or dorsal regions. In respect of the second question, Heister, a century since, laid it down as a rule of practice, that in the worst cases of fractures of the spine, "the surgeon must lay bare the fractured vertebra with a scalpel, or else remove such fragments as injured the spinal marrow." But it does not appear that either Heister or any of his cotemporaries, as far as we have been able to make out, had recourse to such a proceeding. More recently (in the year 1814), Mr. H. Cline, jr., proposed the operation of trephining or sawing away the vertebral arch, with a view of relieving the compressed spinal cord in fractures of the spine with displacement; and such an operation was not only performed by Mr. Cline, with the utmost hopes of success, but his example was followed by Tyrrell, South, Wickham, Attenburrow, Holschier, Smith, and Rogers. The operation, however, unfortunately proved unsuccessful in every case in which it was attempted. Experience has, therefore, declared against Cline's operation, while pathology is opposed to it, inasmuch as innumerable post-mortem examinations, conducted by impartial observers, have not only proved that in the generality of cases of fractures of the spine, the cord is violently concussed or lacerated, as well as compressed, the usual consequences of which are rapid ramollissement, and subsequently, disorganization; but they have likewise made it manifest that the chief pressure is, in the majority of these cases, not exercised by the vertebral arch, but by the broken body of the lower vertebra projecting backwards, a part obviously, as Mr. Liston has properly remarked, "completely out of the reach of any operation whatever."—(*Dr. Hughes in Dublin Hospital Gazette.*) *Ibid.*

On the Febrifuge Properties of Salicine. By Dr. Macari.—Salicine is a white, crystalline, soluble substance, and is exclusively employed in Spain and Portugal in the treatment of intermittents. As there is reason to believe its importance as an indigenuous febrifuge has been underrated, or that its employment has not been properly managed, it may be interesting to quote the conclusions Dr. Macari, a Sardinian practitioner, has arrived at respecting it.

1. Salicine is an important succedaneum to quinine, both from its febrifuge power, and the repugnance many patients manifest to quinine.

2. The dose is from 15 to 45 grains, given during the intervals of a paroxysm, and repeated according to circumstances.

3. The first dose generally notably diminishes the intensity and duration of the next paroxysm, but rarely cuts the fever short.

4. The mode of action is analogous to that of quinine, but feebler, so that the drug is not suited to pernicious fever liable to fatal termination.

5. It is given most efficaciously in solution.

6. Its price, already much lower than that of quinine, is susceptible, in the event of a demand arising, of much diminution, owing to the little value of willow bark.

7. Salicine does not give rise to any of the perturbations of the nervous system producible by the preparations of bark.

8. It is successful in all simple intermittent fevers, at whatever age, or state of health, these may occur; and it may, therefore, be often used as a substitute for quinine, when this becomes distasteful or inefficient. There are cases, however, which resist its influence, and for which quinine is required.—(*Jour. de Pharm.*) *London Lancet.*

A New Method of Using the Catheter, and Instantaneous Cure of Strictures.—M. Maisonneuve communicated on the 14th of May, 1855, to the Academy of Sciences at Paris, a memoir, in which he describes his method of catheterism, which may briefly be sketched as follows:

The author, being struck by the advantages of passing a tube over a conductor in the treatment of stricture, (as practiced by Mr. Wakely in this country,) proposes, when the stricture is very narrow, to introduce a filiform bougie into the bladder, to screw a metallic instrument to the free end of it, and to push on that instrument along the canal, making the bougie recede into the bladder, in the cavity of which it is expected to bend upon itself. The instrument used may be either of those which have been proposed to dilate strictures or to cut through them. The author thinks, however, that bad coarctations should be divided from before backwards, and he operates in the following manner: When the

bougie has reached the bladder, a grooved urethrotome is pushed onwards through as many strictures as the canal may present, the bougie bending upon itself in the bladder. Along the groove, a rod, furnished with a sharp blade at its extremity, is pushed on, and made to cut the urethral obstacles. When this is done, the grooved urethrotome is withdrawn, and a second introduced, to the extremity of which a hidden blade is attached. As soon as the instrument is fairly in the canal, the blade is protruded by means of a spring; and on withdrawing this urethrotome caché, the strictures are again fully divided. The peculiarity of the method is, that the author considers that the freedom of the canal after these incisions would be prevented by leaving an instrument on the raw surfaces; he thinks that the part should be allowed to heal without any catheter, and maintains the cure is instantaneous, as the patient is immediately able to pass urine in a good stream. The Academy of Sciences have appointed a committee to report upon this method, M. Civiale being one of the members.—*London Lancet.*

On Pultaceous Chancre.—M. Robert observes that pseudo-membraneous or diphtheric chancre is found in persons of quite opposite temperament and constitution. Some are robust, offering all the attributes of the sanguineous temperament, while others are weak and lymphatic, and of a chlorotic color. In the first of these, the circumference of the chancre is red, and presents here and there turgescent prominences, from which, on the least touch, arterial-like blood gushes forth. In the others the sore is flabby, exhiting only a few vesicular granulations, from which pale blood, as in the anæmic, escapes. In both, however, there is deposited a more or less thick and adherent pseudo-membrane, composed of the same elements, and soluble in ammonia. The deposition of this plastic substance may be explained by the supposition that there is a change in the normal proportions of the fibrin and globules of the blood. In the feeble such excess is relative, from a diminution in the quantity of globules, while in the robust the quantity of fibrin becomes absolutely greater.

Treatment must be directed against the radical cause of the deposition, and not to mere local effects. M. Robert has almost always found these membranes reproduced when their removal has been accomplished by caustic or other local means. The indication is to re-establish the equilibrium between the elements of the blood, and, if we only administer iron and tonics indiscriminately, although in one class of cases we may do great good, in the other we shall induce inflammatory gangrene. The excess of fibrin is best influenced by the employment of bicarbonate of soda, which may be given in doses of 3jss. per diem, the sore being dressed with a solution, containing ten per cent.—(*L'Union Méd.*) *Ibid.*

On Extirpation of Fistula in Ano. By M. Richard.—In this communication M. Richard has in view only simple cases of fistula, which constitute four-fifths of those met with. Whether an abscess has preceded or not—and its absence is far more common than usually supposed—a fistulous track extends from some part of the circumference of the anus into the rectum, just above the sphincter. The track is nearly straight, without any diverticulum, is usually very short, and easy of examination, providing this be done more gently than is often the case. The symptoms are much the same in all. There is little or no pain in defæcation, unless there has been great constipation, accompanied by painful spasm of the sphincter; and then, as in true fissure of the anus, it is only some minutes after the passage of the stools that the pain is felt. But there is a constant irritation, which is increased by walking, watching, long sitting, and stimulating food. With this is joined itching, from eczema of the orifice. Baths, rest, regimen, touching the anus and the track with concentrated solution of nitrate of silver or tincture of iodine, assuage or remove these annoying symptoms. The linen is stained by two very different fluids—one colorless, sticky, and staining like seamen-spots, is furnished by the eczema or intertrigo; and the other, consisting of prominent, scaly, yellowish spots, is true pus coming from the fistula itself. The patient need not be asked whether the linen is stained with fœcal matters, as in these cases such never traverse the fistula; but we may learn from him that wind escapes involuntarily from the fundament.

Slight as the suffering from this infirmity may seem, an operation should always be advised; for the reported cases of cure are of doubtful authenticity. Iodine and other injections do not succeed in these simple cases, it being a fact which experience alone could have taught, that multiple, long, and sinuous fistulæ are those in which these prove efficacious. The operation M. Richard prefers is that of *extirpation of the track of the fistula*. He has had recourse to it about thirty times, and has always found it innocuous and effective. A grooved director is introduced into the track, the length of which varies from one to two centimeters, and its end is brought out at the anus. This is done very gently, in order to avoid causing pain or laceration of the track, which would prevent the success of the operation. One assistant draws up the buttock forcibly, and another keeps the integuments around the anus as much on the stretch as possible. When the walls of the track are firm, and the folds of the anus well effaced, we may shave along the lower part of the director at a single rapid stroke; but this is a doubtful proceedure, for the bistoury, having its back applied to the anal lip of the sound side, and its edge pressing the internal orifice of the track, may find the latter so soft and depressible as to recede without being cut, and the tissues becoming

lacerated during the effort, only an incomplete extirpation results. It is better to plunge the point of the bistoury under the probe to the middle of the track, and having thus fixed the tissues, detach the inner half of the fistulous canal by two or three rapid but well-combined movements, so as to sacrifice as little as possible. Then the external half may be extirpated at one single stroke. Sometimes, when the parts are not kept tense enough, a tenaculum is to be plunged under the track, and the extirpation is practiced at leisure, by cutting from without inwards. In short, the surgeon must extirpate the canal with as little loss as possible, consistent with the complete removal of the pyogenic membrane.

It may be asked, what are the advantages of this operation, which is more difficult to perform and to bear, and leaves a larger wound than that of incision? The advantages are summed up in a word: We are enabled to dispense with tents and all dressings. Tepid fomentations, night and morning, and attention to cleanliness, are all that are required. Two hours after the operation all pain has ceased, and confinement to bed continues only for from twenty-four to forty-eight hours. No accidents or ill consequences result, the wound, in contact with the intestine at one end, and closed in by the margin of the anus at the other, seeming to enjoy all the immunity of subcutaneous wounds. Complete cicatrization may, however, be delayed for even several months, without either patient or surgeon having cause for discouragement.—(*Bul. de Thér.*, tome xlviii. pp. 537–61.) *Medico-Chir. Rev.*

Opium in Nervous Fevers, etc.—*Typhus.* (Revue de Thérapeutique Médico-Chirurgicale of June 15, 1855.) By M. Morton Dowler, M. D., of New Orleans.

We meet, sometimes, among subjects who are very nervous and irritable, certain fevers without any very determined character. These are fevers which proceed from veneral, panic, or alcoholic excesses, (*delirium tremens febrile,*) or from fatigues, from watchings, or from study, etc. In this state of nervous erethism, we employ, with great advantage, some light, opiate preparation, with a demulcent restorative, and lightly analeptic regimen. In this manner we remove the febrile erethism, by removing the over-excited nervous system. The slow, hectic essential fever, (Broussais himself has proven its essentiality,) may be treated in the same manner. In relation to the fever of convalescents, if there be appetite, the best remedy is a light restorative and alimentary regimen, studiously adapted to the condition of the digestive organs, and not the useless, not to say suicidal, excess in diet. One thing is certain, convalescents do not disembarrass themselves of their fever without moderation in eating, as we have often observed.

In relation to typhous, though from the period of its invasion in Paris we have observed a great number of cases, we ought to here state that we have never seen opium exhibted in this terrible disease. For this reason, in order to fill this hiatus, we shall here cite a remarkable passage from Hufeland. This illustrious practioner holds the following language in relation to the treatment of typhus:

"Opium is salutary, when, after having sufficiently practiced blood-letting, cold applications, and evacuents, the signs of congestion disappear, though the delirium persists, or should it ever run into furor. The condition, then, is purely nervous, and in numerous cases we obtain the entire favorable effect of opium, though it is better to combine it with calomel. I shall never forget the joy it brought me in the case of one of my cherished colleagues. The patient was in the seventh day of a most intense typhus, pulse small and so frequent that it could scarcely be counted, accompanied with coma, delirium, and subsultus tendinum. Blood-letting, cold purgatives, calomel, all had been largely employed. I gave him the powders of calomel and opium, before mentioned, and at the sixth dose the pulse became stronger and slower, the spasms had ceased, the head was clearer, and a crisis immediately appeared. The amelioration began from this time, and went forward regularly. How many other cases I might here cite of an analogous character!

"Opium is further salutary when the typhus is accompanied from the beginning by diarrhœa, or dysentery, or cholera, acting as a powerful derivative in relation to the brain, but with danger of total exhaustion of its forces and of death from inanition. Opium is our only means of arresting these profluviæ, of calming this super-excitation of the intestinal canal, and of saving the life of the patient. We must, however, take care that the primæ viæ be first freely cleared. Opium was the only agent that proved efficient in the typhus which ravaged Prussia 1806–7, of which diarrhœa was the essential accompaniment."—*Manual of Practical Medicine*, p. 727.

For contagious typhus, see Pringle, who has accurately described it, and especially consult the excellent work of Hidelbrand on Typhus, in which will be found excellent rules for the employment of calmatives in the nervous period of the disease.

With these general considerations, which we submit to the consideration of the profession, we take leave of the subject. We have not brought into view either the plegmasia, or all the other diseases in which opium may be happily applied. This would require a volume, and we have no inclination to produce a complete opiology.

We conclude here, by reproducing what we have said on the subject of opium in our *Thérapeutique Appliquée*, fourth edition:

"We are convinced that without opium there would literally be no therapeutic means in relation to painful chronic disease. Were we deprived of this magic remedy, of this soothing and beneficent agent, we should consider ourselves without resource, and would at once renounce the practice of medicine. Sydenham gave thanks to God for having bestowed opium on man to cure the innumerable diseaes which weigh him down and take away his life."

Meanwhile, it is with opium as with all our heroic remedies—it is a two-edged sword, and can do much good and much evil, accordingly as it is well or ill applied.

> Sacra vitæ anchora, circumspecte agentibus
> Est opium, cymba Charontus in manu imperiti.—Wedel.

[*Stethoscope.*

On the Anæmia of Infancy. By Prof. Mauthner, of Vienna.—The author remarks, that for many years the practice of venesection has been on the decline, and he quotes the words of Professor Richter, of Dresden: "Poverty of blood is, next to tuberculosis and cancer, the increasing evil of our time, which will bring down a gradual deterioration of the race, and therefore merits our most earnest consideration." According to Valentiner, most neuralgic affections are caused by anæmia; and, according to Trousseau, chlorosis now prevails in the general pathology of the female. An anæmic mother will produce anæmic children; anæmia may be congenital, or acquired from too rapid development and quick growth. It is difficult to believe in the disease as congenital, the quantity of blood in the infant's tissues being normal. Valentin has shown that the amount of blood in the newly born is proportionately greater than in later life; for a child of five or six pounds has nearly two pounds of blood; while at the age of thirty it barely attains one-fifth of the weight of the body. But in infancy, as in old age, the watery constituent is more considerable than in middle life.

The cause of this congenital anæmia lies in the general corporeal weakness of the mother, whence also it comes that there are so many abortions and early deaths. Want of proper food during pregnancy exerts a potent influence, too commonly at work among the lower orders, oppressed with want and care; and the younger children are more subject to the disease, because the exhausted mother loses in time the power of nourishing her children by her own milk, and the father has not the means of procuring a wet nurse. A child born of a mother who has suckled another infant during her pregnancy, generally suffers from poverty of blood. Losses of blood, or profuse mucous discharges, by injuring the mother's health, are to be regarded as prejudicial to healthy fœtal

development. An aged or diseased father commonly begets an anæmic child. Congenital syphilis must also be regarded as a cause. The morbid change in the blood being unknown, we must be content with the term "anæmia syphilitica." It is not always recognized, but it is of most momentous importance as regards the rising generation. Should an infant affected with this disease be vaccinated, a peculiar glandular disease is apt to ensue from this second poisoning of the blood. The author proceeds to enumerate the symptoms of congenital syphilis. The child suffers from excoriations about the mouth and anus, etc.; from roseola, pemphigus, eczema, psoriasis, or from a peculiar tenuity, smoothness, and transparency of the epidermis. They do not possess power to resist external influences; they are long in teething; tuberculosis is apt to ensue in the course of time.

The anæmia of development comes on when growth at any period is very quick. Hence we have the anæmia of dentition, the anæmia of puberty, or chlorosis.

From experiments upon animals, Nasse has shown that animal diet renders the blood more coagulable than vegetable diet, and increases the number of the blood corpuscles. From sugar and starch meal there is formed a glutinous lymph plasma, but no corpuscles. A purely vegetable diet, therefore, is not suited for infancy; the more so from the anatomical fact that the cæcum, that part of the intestinal canal where vegetable digestion goes on, is but imperfectly developed at that period. Anæmic children are very apt to suffer from inflammations. Nature endeavors to excite a reaction from this depressing influence; and stasis of the blood commonly ensues in organs unfitted for active circulation; but the exudations tend only yet more to impoverish the blood; and venesections materially increase the evil. One of the evils of infantile anæmia is hemorrhage from the congested and delicate vessels of the larger intestine. This occurrence is frequently overlooked, or confounded with other disorders, such as convulsions. The author has verified the fact by dissection.

When the plastic power of the organism, says Constatt, is exhausted by rapid natural and morbid evolutions, then tuberculosis suddenly forms, and the latent material begins to be deposited upon any excitement in the different viscera. Thus, it is to be feared, during the blood impoverishment of dentition; and it attacks especially children subject to perspirations, and to excited pulsations of the heart.

The practitioner should never forget, in considering the diseases of childhood, that sudden attacks, even death itself, may occur just as easily in children from anæmia as from hyperæmia. Thus, cases of convulsions and other attacks, once regarded as inflammatory, require, in the present day, more careful examination and more accurate diagnosis.—*Med. Times and Gaz.*

Dr. Garland's Letter. *Dr. Peaslee:* Dear Sir.—When I saw you last I forgot to call your attention to the medical properties and uses of the Yellow Jasmine, or Jassamine, or Gelseminum Semperverius, which grows wild in considerable abundance in Virginia. I think it will be classed among the nervines; still it is given in febrile diseases in from twelve to sixty drops, particularly in fever and ague, with three to five grains of quinine every two hours, till three doses are given. It affects some much more than others. Usually in twelve to twenty drop doses of the tincture a feeling is produced of *utter inability* to move, particularly the arms—still you *can* move. It is unlike anything ever felt. I took twenty-five drops sitting in my office, and when the operation came on I tried to think of some feeling to compare it with, and could think of nothing but the first dawn of consciousness after a full or complete syncope. It is a species of intoxication, which goes off leaving no headache or other unpleasant feeling.

In neuralgia, rheumatism, and many uterine diseases, it has been found very efficacious. I have given the tincture in several cases in neuralgia with flattering results. The greatest benefit will be realized in the *periodical* type of that disease.

Have the goodness to call the attention of the Society at Concord to this medicine. Some one may know something more of its properties and uses. The bark of the root is the part used. Some prefer to use it with cornine instead of quinine—cornine, from Cornus Florida. When better understood, it will be a remedy of great value and efficacy, I have no doubt.

Respectfully, yours,

Lawrence, June 1, 1855. G. W. GARLAND.

[*Transactions N. H. Medical Society.*

Where Arsenic may be found after Death.—With regard to the customary limitation of the search for arsenic, in cases of suspected poisoning, to the stomach and its contents, Buchner is of opinion that it is insufficient to justify an opinion when negative results are obtained. In one instance he found that arsenic was present in the stomach and duodenum only in such amount as to be barely recognized; still, when different parts of the intestinal canal were examined, arsenic was found without difficulty. The lower portion of the intestine contained a tolerable quantity of slimy substance, colored yellow by bile, and here the arsenic was found in largest amount; while in the upper portion of the intestine, which was empty, like the stomach, the amount of arsenic was smaller. The author considers it not improbable that in this instance arsenic had been absorbed and excreted by the liver into the intestine.—*Pharmaceutical Journal.*

On the Utility of Decoction of Rhatany in Keratitis.—Dr. A. Quadri observes, that of all the inflammations of the eye, keratitis is one of the most frequent and most obstinate. Experience has proscribed the employment of mineral astringents. Among those of the vegetable kingdom the laudanum formed by the combination of crocus and opium sometimes produces excellent effects; but in scrofulous ophthalmia, which is frequently but a keratitis, it occasionally gives rise to prolonged and mischievous irritation. The author had tried various other substances, as tannin, calumba, etc., without any definite results, when he resorted to rhatany. The experience of six years has convinced him of its value. Its application merely induces a sensation of dryness in the interior of the eye, and in a short time the pain and photophobia are mitigated, and the weeping is much diminished. When the irritation has thus become calmed in two or three days, the rhatany may be replaced by the more powerful laudanum, more or less diluted. The rhatany is insufficient in the corneitis accompanying blennorrhœal ophthalmia, but in scrofulous and all other forms of keratitis its efficacy is constant. It is prepared by boiling half an oz. of the root in twelve ozs. of water, or decoction of elder-flowers, down to half the quantity, and filtering. It should be freshly prepared, and may be used three or four times a day.—(*Annales d'Oculistique*, tome xxxiii. 87.) *Medico-Chir. Review.*

Turpentine Locally Applied in Carbuncular Diseases.—Dr. Thielmann states that he has employed this substance with great success in a case of malignant pustule, and in a great number of cases of carbuncle, amounting to 342 since 1837. The treatment has been merely local, unless suppurative fever or other general symptoms called for interference. The turpentine was applied in every stage of the disease on a thick pad of charpie, evaporation being prevented by oiled silk. In most cases, a slight burning is at first produced, which only lasts for a few minutes. The epidermis becomes softened, and the mortified parts are quickly separated without the necessity of the crucial incision. After the separation, it is still continued, as under its influence the healing is rapid. If, after each dressing (these being repeated night and morning), the patient complains of a continual burning, the lotion is to be sufficiently diluted with chamomile tea, or the dressing is to be performed with this alone. The turpentine is suitable to all sloughy and atonic ulcers. The following is the formula for the preparation of the application: Mix 3j. of oil of turpentine with the yolk of an egg, and then add spt. of camphor 3j., chamomile tea lbj.—*Med. Times and Gaz. and Med. News.*

Poisoning by Aconite.—Bappoo Kishnura, a Hindoo priest, aged 50, was admitted into the Jamsetjee Jejeebhoy hospital, in the afternoon of the 4th of August, 1854, under the care of J. Peet, Esq., Assistant-Surgeon. For 24 days he had been taking, daily, 15 grs. of a native drug called 'bishnak,' (a root of the aconitum ferox) as a remedy for leprosy, from which he had suffered for several years. Till the morning of the day of his admission he had been using the black variety of the drug, but at the recommendation of a friend he substituted the white variety. The dose was 15 grs., and was taken in the morning at 10 o'clock. He soon afterwards began to feel uneasy, had a disagreeable burning sensation in the mouth and fauces, a sense of formication, and some confusion of mind. A friend recommended milk, of which he drank a large quantity. Soon afterwards he vomited freely; and about an hour after the vomiting came, and about four hours from the taking of the drug, he was brought to the hospital. He was then sensible, had a stupid expression of the face, and walked with an unsteady gait, like a drunken person. He complained of heat and burning in the throat, some confusion of mind, and a sense of formication over the surface generally. There was almost constant vomiting; pulse feeble and rapid; skin coldish, and covered with moisture; pupils natural. A sinapism was applied to the epigastrium, and stimulants of ammonia were administered. The vomiting continued till 12 o'clock. Ultimately the animal warmth returned, the pulse rose, the vomiting ceased. He went home in the course of the day.—*Transactions of the Medical and Physical Society of Bombay*, 1855.

Reduction of Dislocation of the Thumb.—M. Verhaeghe describes a plan he first employed upon the recommendation of Langenbeck, who had repeatedly found it successful. When the patient has been chloroformized the surgeon grasps with one hand the dislocated thumb, and carries it back, so to say, almost to the dorsal surface of the metacarpal bone. At the same time, with the point of the index finger of the other hand he presses up the head of the metacarpal bone, and with his thumb bears down the luxated extremity of the first phalanx. After the reduction the thumb should be kept fixed awhile by the starch bandage, or the dislocation will recur.—*Rev. Medico-Chir.*